



Gender Responsivity in a Women's Centre: Post-Release Experiences after the Corston Report (2007)

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This thesis is dedicated to the memory of my beloved mother Susan Elfleet

Abstract

The thesis is concerned with the role and function of one third/voluntary sector organisation, a women's centre (The Women's Centre - TWC),¹ which opened in response to the Corston Report (2007) in the North-West of England, for formerly imprisoned women with mental health problems. Utilising an abolitionist informed Foucauldian feminist analytical framework, which is chiefly inspired by the work of Kelly Hannah-Moffat, Pat Carlen and David Scott, the narratives of 14 formerly imprisoned women (clients of TWC) and 16 members of staff at TWC are critically analysed. In doing so, the thesis fulfils three core aims.

First, it fills a significant gap in the literature in relation to the experiences of formerly imprisoned women in England, in a post Corston report context. The thesis addresses this deficit by adding new knowledge to this field through a specific focus on the post-release experiences of women with mental health problems, highlighting the links between mental health problems and criminalisation. Further adding to prior research (Eaton, 1992; Carlton and Seagrave; 2011a; 2011b; 2013; 2016), the thesis evidences that imprisonment is not an isolated painful event in the lives of women with mental health problems, but instead the experience of imprisonment impacts upon women after release, exacerbating their social and economic disadvantage.

Second, the thesis provides a critical analysis of the role and function of a voluntary sector organisation for formerly imprisoned women with mental health problems; TWC. As such, it addresses a further significant deficit in the literature in terms of how a women's centre, inspired by the Corston Report, functions for this particular group of women.

Finally, the thesis considers how formerly imprisoned women with mental health problems are constructed and understand themselves within TWC. Drawing on the work of governmentality and gender responsivity

¹ The name of the centre has been altered to ensure anonymity.

scholars (Hannah-Moffat, 2001; Goodkind, 2009; Haney, 2010; Rottenberg, 2014), it concludes that TWC closely adhered to the neoliberal principle of individual responsibility which was endorsed by the Corston Report, as a solution to the hardships experienced by women in conflict with the law. It is thus contended that a neoliberal feminized governance from a distance strategy was deployed. The thesis evidences that empowerment rhetoric was mobilised as a vehicle to transform TWC clients into independent, self-sufficient, responsible subjects. It is not a contention of the thesis to assert that TWC staff were not sympathetic toward the difficulties experienced by their clients, indeed the thesis evidences the reverse. It is however asserted that TWC's adherence to neoliberal rhetoric rendered these sympathies ineffective. No challenge to structural and economic inequality produced by neoliberalism was evident. Instead, through a variety of practices and partnerships with statutory and voluntary agencies, TWC aims and objectives were aligned with those of the state, and were concerned with the prevention of recidivism and initial offending, thus calculating women's needs as criminogenic risk factors. In the case of TWC, the thesis further highlights that little resistance was evident in terms of its acceptance of and adherence to neoliberal agendas. Instead marketised models were generally embraced as inevitable and economically necessary for financial survival. The thesis therefore concurs with more pessimistic accounts of the role of the voluntary sector in crime control (See Corcoran, 2009; Corcoran et al, 2018; 2019) as opposed to optimistic accounts (See Tomczak, 2014; 2017b) and thus contends that TWC could be considered as an extension of transcarceral surveillance and control of those most vulnerable in the community (Carlen & Tombs, 2006; Carlton & Seagrave, 2013; 2016).

The thesis overall asserts the need for an abolitionist informed Foucauldian feminist praxis in order to systematically challenge neoliberal rhetoric, and to work toward the removal of structural inequalities as opposed to their concealment and reinforcement. It is contended that these disadvantages are unlikely to be addressed by voluntary/third sector gender

responsive strategies operating within neoliberal contexts. Instead it is argued that such strategies maintain inequality through a reinforcement of the notion that it is the sole responsibility of the individual woman for her 'failure', thus absolving the state of responsibility for generating and maintaining the conditions that render women suitable candidates for imprisonment.

Keywords: Foucauldian feminism; governmentality; third/voluntary sector; neoliberalism; post-release; gender responsiveness; women's centres.

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matters most in life is that I am happy, without strict direction as to how this should be achieved.

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Abbreviations

ACCT - Assessment Care in Custody and Teamwork

APPG - All Party Parliamentary Group on Women in the Penal System

CALM - Controlling Anger and Learning to Manage it

CAMHS - Child and Adolescent Mental Health Services

CBT - Cognitive Behavioural Therapy

CMHTs - Community Mental Health Teams

CRC - Community Rehabilitation Company

DBS - Disclosure and Barring Service

DoH - Department of Health

DSM - Diagnostic and Statistical Manual of Mental Disorders

EA - Empowerment Advisor

JCPfMH - Joint Commissioning Panel for Mental Health

ICD - International Classification of Diseases

MAPPAs - Multi-Agency Public Protection Arrangements

MHF - Mental Health Foundation

MHIRTs - Mental Health In-Reach Teams

MoJ - Ministry of Justice

NHS - National Health Service

NICE - National Institute for Health and Care Excellence

NLP - Neuro Linguistic Programming

ONS - Office for National Statistics

PbR - Payment by Results

PPO – Prisons and Probations Ombudsman

PRT – Prison Reform Trust

PVO(s) – Penal Voluntary Sector Organisation(s)

RAPt - Rehabilitation for Addicted Prisoners Trust

RARs - Rehabilitation Activity Requirements

RCP - Royal College of Psychiatrists

ROTL - Release on Temporary Licence

SCMH - Sainsbury Centre for Mental Health

TR – Transforming Rehabilitation

TFOPHC - The Future Organisation of Prison Health Care

TWC - The Women's Centre

WHO - World Health Organisation

WIP – Women in Prison

WORP - Women's Offending Reduction Programme

Chapter One: Introduction

Since the 19th century the reform of 'deviant' women has been informed by gender responsive, woman-centred, governance strategies. Prison reformers, administrators and politicians have all attempted to implement 'softer' and 'gentler' techniques of reform, by moulding these methods to meet the specific needs of women in conflict with the law. During the 19th century, these efforts had a significant impact on penal policy for women, with much of this policy arising from publicized and voluntary efforts (Zedner, 1991a; Hannah-Moffat, 2001). However, in order to implement a woman centred programme of governance "reformers had to do three things: reconstruct the tarnished image of women convicts; 'sell' the importance of proper maternal guidance; and convince the authorities to build separate prisons for women" (Hannah-Moffat, 2001:48). These strategies emerged in direct response to women who were deemed to have broken away from the traditional stereotypical norms associated with femininity (Zedner, 1991a; Hannah-Moffat, 2001).

Whilst these methods of control have undoubtedly been subject to change over the last two centuries, they have nonetheless drawn upon two powerful misconceptions on the 'nature' of female offenders. First, that women's deviance is the result of an inherent or pathological weakness, and second, that female offenders have deviated from their 'natural' female roles (Carlen & Worrall, 2004; Barton, 2005). This idealised construction of normative femininity has been based upon the dominant discourses of motherhood, domesticity, sexuality and pathology (Smart, 1976; Zedner, 1991a; Carlen & Worrall, 2004; Barton, 2004; 2005). 'Criminal' women have been perceived as biologically inferior to men, and physically and mentally weaker than their male counterparts. Reform strategies for 'deviant' women have therefore utilised methods and techniques designed to control not just the minds of women but also their bodies, since the biological factors unique to women have been deemed significant to their behaviour (Carlen, 1983; Showalter, 1987; Sim, 1990; Worrall, 1990). These strategies were concerned

with remodelling women, not only to limit the damage to themselves, and their families (often specifically concerns for their children), but also to wider society (Carlen & Worrall, 2004). What clearly underpinned these ideas was the assumption that women should be instructed and trained to better resist the inherent weakness of her body and female nature (Showalter, 1987). What has consistently remained, regardless of whether deviant behaviour was perceived to be the result of a faulty mind or body, is the notion that deviant women should be normalised through processes that place the individual at the centre of inquiry, neglecting issues pertaining to social structure (Kendall, 2002).

The responsibilisation of socially and economically excluded women has been present throughout the history of regulating women's 'deviance'. Their perceived lack of responsibility has been linked to their roles as wives and mothers, and they have been deemed abnormal, not only for disregarding the law but for having transgressed the 'norms' of their gender (Smart, 1976; Carlen, 1983; Sim, 1990; Worrall, 1990; Carlen & Worrall, 2004). Custodial regimes, both penal and semi-penal, operated to ensure that women, on return to society, would be better equipped to withstand the weaknesses of their bodies and minds, and the harsh lived realities of life (Showalter, 1987; Zedner, 1991; Barton, 2005). This focus on individual resilience and responsibility has remained a key feature of gender specific governance strategies within contemporary neoliberal society.

Whilst crime has historically been regarded as the outcome of the behaviour of an immoral and irresponsible minority of the population, who it is deemed should take responsibility for their actions, contemporary neoliberal governance strategies have gone beyond direct forms of repression, discipline, social control and welfare restriction. What has become increasingly notable in analyses of neoliberal governance is the governance of individuals from a distance (Rose, 1993; Garland, 1996; Hannah-Moffat, 2001; Joseph, 2013). One of the main aspects of this method of governing is self-governance, whereby actors are depicted as free, rational, responsible

consumers, who are, or should be, capable of managing a whole range of risks, whether these be economic or social (Garland, 1996; Hannah-Moffat, 2001). However, neoliberalism as a form of governmentality/rationality of government extends beyond economic issues (deregulation, intensive privatisation and corporate profits) and the dismantling of the welfare state; it is a modality of governmentality in terms of managing the conduct of individuals (Hannah-Moffat, 2001; Rottenberg, 2014). As Rottenberg (2014:420) has noted, it is “a dominant political rationality that moves to and from the management of the state to the inner workings of the subject, normatively constructing and interpellating individuals as entrepreneurial actors”. Neoliberalism thus encourages individuals to view themselves as active, individual subjects who are solely responsible for ensuring their security and success. Collective forms of action are minimised, as individual responsibility, self-reliance, resilience and efficiency are hailed as appropriate and desirable behavioural attributes. It is an assertion of this thesis that “neoliberal governmentality undoes notions of social justice, while usurping the concept of citizenship by producing economic identities as the basis for political life” (Rottenberg, 2014: 420), and that these rationalities have had particular impacts on woman centred, gender responsive, crime control programmes. As Hannah-Moffat (2001:198) has noted, techniques of regulating women’s conduct have become neoliberal “feminized technologies of governance”.

It is important to state that this research is inspired by the work of Kelly Hannah-Moffat (2001; 2010), and indeed other gender responsivity and governmentality scholars (Goodkind, 2009; Carlton & Seagrave, 2011a; 2011b; 2013; 2016) particularly in regard to the concern that contemporary woman centred governance strategies serve to responsibilise women in conflict with the law, rendering their needs as criminogenic risk factors, whilst obscuring the role of the state in the creation and exacerbation of social and economic inequalities. The thesis was further inspired by the concern that feminist theory has been appropriated by the state in the creation of contemporary

gender responsive, neoliberal feminized governance strategies. As Hannah-Moffat (2001; 2010) has noted, empowerment can assume differing meanings depending on how, and by whom, it is used. In neoliberal political economies the original liberal feminist conception of empowerment is increasingly transmuted into a mechanism to create self-sufficient subjects (Rottenberg, 2014). Low self-esteem and a lack of confidence are increasingly perceived as barriers to a successful, independent and fulfilling life (Goodkind, 2009; Hannah-Moffat, 2010). Empowerment, as a result, is divorced from its original feminist associations of collective action, solidarity, and social justice. Instead it is transformed into a neoliberal governmentality (Rottenberg, 2014), which aims to create individually responsible subjects who are fully capable of managing a whole range of risks (Goodkind, 2009). This offers no challenge to neoliberalism, instead “the neoliberal feminist subject is mobilized to convert continued gender inequality from a structural problem into an individual affair” (Rottenberg, 2014:420). These individualising and responsibilising features were a prominent aspect of one of the most influential gender responsive/woman centred official reports on female prisoners in England and Wales, The Corston Report. A consideration of this report is a central concern for this thesis in terms of its focus on the post-release experiences of formerly imprisoned women, particularly in regard to the role and function of one gender responsive service, The Women’s Centre (TWC),² which was established in response to Corston (2007).

Following a number of controversial self-inflicted deaths of women in prison in England and Wales, Baroness Corston was commissioned to review the adequacy of Government initiatives for women in the criminal justice system. The report was conducted over a nine-month period and was noted by Corston to be “a short economic review, not an in-depth lengthy resource intensive commission” (Corston, 2007:2). The Corston Report was published in March 2007 and made a number of recommendations for change, 43 in total, which she argued constituted “a blueprint for a distinct, radically different,

² All places and names referred to in this thesis are pseudonyms.

visibly led, strategic, proportionate, holistic, woman-centred approach” (Corston, 2007:79). When making these recommendations, Corston reiterated the longstanding concerns of feminist scholars and activists, that women in the criminal justice system were marginalised within a system designed with men in mind. She further acknowledged that women in prison experienced multiple disadvantages, noting that: they were often drug users and/or alcoholics; that they had experienced emotional and sexual abuse; that they were vulnerable despite appearing confident; they had experienced mental health problems and had self-harmed; that they had very little control and few choices in life; and that they were disproportionately from black and minority ethnic groups (BME) (Corston, 2007:27; Elfleet, 2017a; 2017b; 2018).

Despite these important acknowledgments, one significant concern observed regarding this report is its adherence to neoliberal rhetoric (Dunbabin, 2013; Kendall, 2013; Elfleet, 2017a; 2017b; 2018). Whilst Corston noted the numerous vulnerabilities experienced by women in conflict with the law, dividing these into three main categories: domestic circumstances, such as domestic violence; personal circumstances, such as mental illness; and socio-economic factors, such as poverty, it was the former two factors that received the overwhelming majority of her attention. Moreover, whilst she asserted that a combination of these factors was likely to lead to imprisonment, her solution to these hardships was to suggest that they “must be addressed by helping women develop resilience, life skills and emotional literacy” (Corston, 2007:2, para.1). As has been previously noted³ the main concern with this assertion is that women’s difficulties are presented as surmountable through the adoption of key neoliberal principles, adaptability, resilience and individual responsibility. As such, it has been asserted that Corston considered women’s social and economic difficulties through a narrow lens of personal failure and social inadequacy (Kendall, 2013; Elfleet, 2017a; 2017b; 2018).

³ See Dunbabin (2013); Kendal (2013); and Elfleet (2017a; 2017b; 2018).

The main recommendations of the Corston Report included the establishment of an Inter-Departmental Ministerial Group for women; the mainstreaming of services for women, which she proposed would reduce their risk of reoffending; and the implementation of the Gender Equality Duty.⁴ The recommendation of particular significance to this research was her suggestion that “more funding must be made available immediately to extend the network of [women’s] centres across the country” (Corston, 2007:10, para.19) so that the model of existing centres could be further developed in order to provide a network of services for female offenders and those at risk of offending (Dunbabin, 2013; Elfleet, 2017a; Elfleet, 2017b).

Despite the government’s acceptance of 40 of 43 of Corston’s recommendations, the overall governmental response to it is noted to be limited (Scott & Codd, 2010; Hedderman, 2011; Dunbabin, 2013). Indeed, Corston’s most radical recommendation, the closure of women’s prisons within a ten-year period and their replacement with smaller custodial units was side-lined (MoJ, 2008a). Further to this, women still constitute approximately five percent of the prison population (Women in Prison [WIP], 2018), a statistic which has remained largely the same since the Corston Report was published. In addition, the contentious issue of self-inflicted deaths of women in prison, which instigated the report, remains a consistent controversial feature of women’s prisons. In 2004, prior to the publication of the report, there were 13 self-inflicted deaths of women in prison in England and Wales, in 2016 there were 12 such deaths, indicating that very little has changed in the women’s prison estate (Inquest, 2018). This is however, not to say that the Corston Report has had no influence, indeed it is an assertion of this thesis that one of the most influential aspects of the Corston Report, was her adherence to, and reinforcement of, neoliberal rhetoric which places the individual at the centre of inquiry.⁵

⁴ The recommendations of the Corston Report are further analysed in the following chapter.

⁵ This contention is fully explored in the following chapter.

One of the main achievements of the Corston Report is considered to be the further establishment of community services for women in conflict with the law (WIP, 2017). Indeed, the government agreed with Corston's proposals to extend community-based services for women. It was noted that there was "wholehearted agreement with Baroness Corston's conclusion that the key to success with offending women (and those at risk of offending) lies in building on the good work that is already going on in the community" (MoJ, 2007:9). Corston had argued that most women prisoners should serve their punishment in the community, and attend women's centres to address problems, such as mental health difficulties, drug and alcohol misuse, and domestic violence. These issues were noted to be key factors that lead women back to prison (Corston, 2007; Roberts, 2017). In response to this, the Labour government invested 15 million pounds of funding in a network of 50 women's centres (Roberts, 2017).

Prior to the Corston Report there were a small number of women's centres in England and Wales. They largely consisted of local projects which had been established in response to local need, however some of these centres operated in partnerships with probation trusts. Notable centres have included The Together Women Pilots from 2005 in the North West of England, Yorkshire and Humberside (Plechowicz, 2015).

Women's centres are specialist community-based 'one-stop-shops' which provide a range of services for female offenders and those at risk of offending (All Party Parliamentary Group on Women in The Penal System [APPG], 2016; Roberts, 2017). They are considered to foster good practice when they: are reserved only for women in order to provide a safe space; integrate offenders and non-offenders; foster empowerment; are holistic and provide practical support and advice; have links with mainstream agencies; provide case workers and mentors; and assist women in attending through providing practical support, such as childcare (Corston, 2007; Gelsthorpe, et al, 2007: 8; Plechowicz, 2015:122-123). Some, if not all, centres provide: mental health services and counselling; drug treatment; employability skills; domestic

violence support; literacy skills; CV support; child care services; and accommodation assistance (APPG, 2016). They are further considered to be a vital means of providing effective community punishment, reducing reoffending and reducing the women's prison population, and are widely regarded to be "an anchor in chaotic lives" (Roberts, 2017).

However, in light of Corston's adherence to neoliberal rhetoric and her assessment on the role and function of women's centres as sites that treat each woman "as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives" (Corston, 2007:10, para.18), it is the overarching concern of this thesis to examine how one such centre, opened in response to this report, functions for formerly imprisoned women with mental health problems. Whilst women's centres have been cited as unique facilities that provide holistic services to vulnerable women, significant concerns have been expressed with regards to their overall function (Gelsthorpe & Wright, 2015). On the one hand, they may be considered as evidence of a new sense of responsibility towards disadvantaged women (Corston, 2007; APPG, 2016; Roberts, 2017), alternatively they may be viewed as an extension of a network of control and regulation (Cohen, 1985; Carlen & Tombs, 2006; Wacquant, 2009; Tomczak, 2014; 2017b).

Undoubtedly, gender responsive services include post-release policies within their remit. Women's centres within this sphere are presumed to provide helpful outcomes for formerly imprisoned women engaging with their services. As Carlton & Seagrave have noted (2011a), gender responsive post-release services are considered to be beneficial in terms of their ability to reduce the women's prison population by reducing recidivism. However, drawing on prior concerns in relation to the principles underpinning such services, it is contended throughout this thesis that gender responsive post-release services are often unable to respond to the complex nature of discrimination, marginalisation and disadvantage that formerly imprisoned women experience (Carlton & Seagrave 2011a; 2013). Indeed, when considering Corston's (2007) primary statement on the function of these

services, that they serve to increase women's "capacity to take responsibility for their lives" (Corston, 2007:10, para 18) this contention, as observed by Carlton & Seagrave (2011a), is important.

The focus on the overall role and function of one gender responsive women's centre, post Corston, inspired a further consideration for this thesis: the impact of gender responsive services on formerly imprisoned women *with* mental health problems. The rationale for a focus on mental health problems was also derived from concerns with the neoliberal penal rhetoric endorsed in the Corston Report. Corston's inclusion of mental health problems as a particular vulnerability is undeniably plausible, however her endorsement of personal responsibility as a solution to such difficulties is problematic. Such a strategy suggests that it is solely within a woman's capacity to affect change in her life and, in this case, to ensure that her mental health problems do not become criminogenic risk factors. This minimises at the very least, or at worst denies, the role of the state in the generation of poverty, exclusion and isolation, all of which have long been understood as significant contributing factors in the generation and exacerbation of mental distress (MHF, 2015). Corston's lack of focus on socio-economic factors, in favour of personal and domestic factors, thus served to reinforce notions of personal/individual responsibility as the primary factors that render women suitable for imprisonment in the first place (Carlton & Seagrave, 2013).

The aims of this thesis are therefore threefold. First, the aim is to fill a significant gap in the literature in relation to the post-release experiences of formerly imprisoned women with mental health problems, in a post Corston Report context. This aim was directly inspired by the work of Carlton and Seagrave (2011a; 2011b; 2013; 2016) who have noted the lack of qualitative research pertaining to the post-release experiences of formerly imprisoned women. It was however also inspired by the recent literature on the operation of gender responsive programmes for women in conflict with the law, since they have been noted to be all too easily co-opted by the state to form what

Hannah-Moffat (2001) has considered to be neoliberal feminized governance strategies.

Leading on from this, the second aim of the thesis is to critically analyse the role and function of one third/voluntary sector, gender responsive, organisation for formerly imprisoned women with mental health problems, The Women's Centre (TWC). TWC opened in response to the Corston Report (2007) and claims to closely adhere to the principles set out in the Corston Report. This aim was also inspired by a clear deficit in the literature, specifically the lack of qualitative research on the role and function of the third sector for women, specifically through a focus on a women's centre for formerly imprisoned women. It was however additionally inspired by prior research on the Corston Report,⁶ notably in relation to concerns regarding her adoption of neoliberal principles as primary solutions to the disadvantages experienced by women in conflict with the law. However, of particular concern in relation to this aim is Corston's assertion that women's centres are sites that promote and enable individual responsibility in their clientele. As such, it is the third and final aim of this research to examine how formerly imprisoned women with mental health problems are constructed, and understand themselves, within this setting.

In order to address these aims the thesis is organised in the following way: Chapter Two addresses the continuities, discontinuities, contradictions and transformations in the dominant discourses of femininity, and charts the formal, informal and semi-penal mechanisms of control that regulate the conduct of 'unruly' women. The chapter further focuses on the contemporary role of the third /voluntary sector in delivering gender specific programmes for women following the publication of the influential Corston Report, and additionally critically analyses the rhetoric of this report and the governmental response to it. The overall aim of which is to chart a history of gender specific governance strategies for 'deviant' women.

⁶ See Dunbabin (2013) and Elfleet (2017a).

Chapter Three examines the complexities in defining mental health problems and reviews the existing literature on the experience of mental health problems in the community and in prison. An assessment of both is considered contextually important in terms of understanding the experiences of formerly imprisoned women with mental health problems.

Chapter Four outlines the theoretical framework deployed within the thesis, an abolitionist informed Foucauldian feminism. When outlining this approach, the chapter addresses the complexity and myriad of feminist perspectives and provides a justification for the adoption of the researcher's preferred frame of feminist thought. The chapter additionally draws upon the insights of penal abolitionists (Scott, 2009; Scott & Codd, 2010; Sim, 1990; 2009), and highlights how these insights are beneficial for a Foucauldian feminist perspective. In doing so, the chapter examines imprisonment and post-release experiences as inseparable pains, and proposes the need for an abolitionist informed Foucauldian feminist framework that allows for the assessment of the legitimacy (Scott, 2009) of imprisoning socially and economically excluded women. This framework importantly allows for a critical analysis of the role and function of TWC. TWC claims to be able to empower formerly imprisoned women with mental health problems⁷ to turn their lives around, through the provision of a woman centred, gender responsive, service which adheres to the principles of Corston (2007).

Chapter Five outlines the chosen methods and analytical approach deployed in order to realise the aims of the research. The chapter further provides a rationale for the augmentation of abolitionist principles with the use of Foucauldian feminist discourse analysis. It is posited that, through a utilisation of the insights of Scott (2009), doing so allows for an assessment of the role and function of the centre for formerly imprisoned women with mental health problems, and broadly the legitimacy of imprisoning such women in the first place. The chapter contends that abolitionist perspectives are far more amenable to asking *why* questions, as opposed to a sole use of

⁷ And all women at risk of being in conflict with the law.

Foucauldian theory, which is generally more descriptive in terms of asking *how* questions (Scott, 2009).

Chapter Six examines the life histories of 14 formerly imprisoned women through a consideration of their prison and release experiences. Utilising the theoretical and analytical framework outlined in Chapter Five, the chapter provides a contextual analysis of their life experiences prior to their contact with TWC. The chapter further explores the complexities that unfold from their life histories, and draws upon the existing literature on the post-release experiences of female offenders to inform this analysis (Carlen, 2013; Carlton & Seagrave, 2011a; 2011b; 2013; 2016; Eaton, 1992; Kendall, 2013).

Chapter Seven analyses the role and function of TWC in responding to the complexity of the lives of formerly imprisoned women, through an analysis of the experiences and perspectives of 16 members of staff at TWC and 14 formerly imprisoned women with mental health problems. Utilising the abolitionist informed Foucauldian feminist theoretical framework outlined in Chapter Four, and the qualitative feminist methods outlined in Chapter Five, the chapter critically analyses the role and function of TWC for formerly imprisoned women with mental health problems in a post Corston Report context. Finally, Chapter Eight concludes the thesis by drawing together the core themes and central arguments identified throughout, and the main contributions of the research are examined through a consideration of these themes and arguments.

Chapter Two: Regulating Femininity

The image of the 'normal' woman is based around an idealised concept of 'femininity' which is in turn constructed around dominant discourses of respectability, motherhood, sexuality and pathology. For centuries this construct has been utilised to characterise what is appropriate and acceptable female behaviour (Barton, 2004:1).

The chapter charts the continuities, discontinuities, contradictions and transformations in the dominant discourses of femininity, womanhood, medicine, penology, welfare and risk, which have informed the formal, informal and semi-penal regulation women's conduct (Carlen & Worrall, 2004). In doing so, the chapter outlines the history of gender specific programmes for women in conflict with the law, with a particular focus on the development of contemporary third /voluntary sector engagements in gender specific programmes for women. The chapter additionally critically unpacks the highly influential Corston Report (2007), which championed the need for the further establishment of community-based gender specific, woman centred, programmes of governance for female offenders, and those at risk of offending. As such, the chapter further aims to provide a historical and contemporary account of the involvement of the third/voluntary sector with the state, through a focus on the role of women's centres following the influential Corston Report.

Discipline Through Domestication

At the beginning of the 19th century two stereotypical images of femininity existed. First, the 'virtuous' middle class ideal of wife and mother, whose moral and asexual image conformed to stereotypical images of appropriate female behaviour, and second, in direct contrast, existed the notion of the 'fallen woman', who was considered the epitome of corruption, fallen from grace, polluted and without innocence. Whilst the Christian doctrine espoused the notion that we had all fallen from an original state of grace, the 'fallen woman' was depicted as having descended into corruption

and contamination to a far greater extent. This descent was largely associated with sexual misconduct, alcohol consumption, and criminal behaviour. The image of the 'fallen woman' would dominate the literature of the time (Zedner, 1991a). For example, in the opening pages of his text, *Prostitution in London*, Ryan (1839:vi) noted his concerns on this matter:

The following pages will clearly show the alarming increase of moral depravation, seduction, bastardy, prostitution, adultery, and a multitude of other monstrous crimes.

Prostitutes were thus considered to be the 'army the devil keeps in constant field service, for advancing his own ends' (Logan, 1871:221). Sexual naivety was valued as an essential trait of respectful womanhood, and sex was depicted as appropriate only within marriage. Overt sexuality was however not considered an abnormality for 19th century men; it was encouraged and accepted as part of normative masculinity (Barton, 2005).⁸ In contrast, 19th century women were required to conform to an idealised construction of femininity in order to avoid being designated 'fallen' and 'immoral'. Respectable women were thus characterised as virtuous (Zedner, 1991a).

For unmarried women a loss of chastity had a multitude of negative outcomes, primarily expulsion from 'moral' society (Zedner, 1991a). Indeed, during the 19th century women who bore illegitimate children frequently found themselves in the workhouse, mental hospital or asylum (Barton, 2005). Typically, aberrant expressions of female sexuality were associated with working class women, or prostitutes. Two major responses to prostitution during the 19th century were the Penitentiary and Rescue Movements, which involved the detention and rehabilitation of all classes of 'fallen' women, and the Contagious Diseases Acts (Finnegan, 2004).

For those expelled from moral society a variety of institutions were developed. Towards the end of the 19th century a number of non-statutory and non-custodial institutions were established whereby women were admitted, frequently for indefinite periods of time, where they would receive moral,

⁸ Undoubtedly this double standard still exists today.

industrial and/or domestic training. These institutions were established under a variety of names but they were predominantly known as Magdalene Homes or Asylums (Finnegan, 2004; Barton, 2005). Whilst these semi-penal sites did not possess the full formal/penal powers of the prison, nor the informal mechanisms of control found in the domestic sphere, occupying a position between the two they utilised the regulatory and disciplinary practices present in both (Barton, 2004; 2005; 2011). Primarily the role of these institutions (Weiner, 1990; Barton, 2004; 2005; 2011) was to house the increasing numbers of 'exceptional' cases found within the prison system. These cases included juveniles, inebriates, lunatics, 'imbeciles' and vagrants. It was however women who became the primary target of these forms of intervention. Frequently referred to as 'homes', refuges and reformatories, they nonetheless functioned as sites of social control for various categories of 'deviant' women: "prostitutes, offenders, 'wayward' girls, the 'feeble-minded', delinquent girls, and unmarried mothers" (Barton, 2004:150).

However, the penitentiary movement was not just limited to the Victorian era. It was widespread throughout Britain and, as noted, successfully confined a wide range of women, not just prostitutes. Whilst many women were sent to reformatories after a term of imprisonment, it is important to note that many young women and girls were sent to these institutions, frequently by their husbands or fathers, without ever committing a crime as a measure to prevent their 'fall' into a life of sin and/or crime (Barton, 2004; 2005). Whilst reformatories largely functioned outside formal state control, generally being established by charitable private organisations, managed by self-elected Gentlemen's and Ladies Committees, and operating from privately owned buildings (Barton, 2005: 35-38), the state, in some cases, was involved in the establishment and regulation of these institutions. For instance, The Habitual Drunkards Act 1879 was the first step in establishing residential treatment as an alternative to imprisonment for drunkards. The subsequent Inebriate Act of 1898 allowed local authorities to establish state certified reformatories to 'treat' habitual drunkards, for a period of two to

three years. The majority of offenders sentenced through this Act were women (Hunt, Mellor & Turner, 1989). As Hunt et al (1989:246) have noted, between 1899 (when these residential institutions were first opened) and 1913 (when records ceased) 81% of those committed to reformatories for drunkenness were women, a number which cannot be explained through reference to the number of drunkenness offences. Out of a total of 143,708 offences, 82% had been committed by men. Section 1 of the Act associated drunkenness with other offences, such as attempted suicide and the neglect of children. Of 568 persons committed under this section 90% were women, and 78% of these committals involved the neglect of children. The primary objective of these institutions was thus to contain, control and, more specifically, normalise 'deviant' women back to an appropriate and acceptable standard of female behaviour (Barton, 2004; Carlen & Worrall, 2004).

Disciplinary Practices & Maternal Power

In order to 'successfully' reform women back to acceptable standards of femininity penal reformers, notably John Howard (1727- 1790) and Elizabeth Fry (1800-1845), stated that women prisoners should be separated from men in order to prevent the potential contaminating impacts of male prisoners (Dobash, Dobash & Gutteridge, 1986). Given the existence of an idealised notion of femininity and womanhood, this concern is of little surprise (Carlen & Worrall, 2004). Furthermore, the reformist critique of state responses to women's deviance, and the perceived inability of the state to appropriately provide for 'fallen sisters' prompted women reformers to attempt to accomplish this themselves through "their own good will and charity" (Hannah-Moffat, 2001:49). The establishment of rescue homes and reformatories for 'fallen women' was thus a popular philanthropic endeavour (Barton, 2005).

Elizabeth Fry was one of the first penal reformers to devote her attention to the plight of women in prison, and her ideas would instigate profound changes in the administration of women's penal regimes. Having

identified what she perceived as a core problem of prison regimes for women, in that they did not respond to the needs and experiences of women, the task was to institute woman centred governance (Hannah-Moffat, 2001). Fry thus created the Association for the Improvement of the Female prisoners in Newgate, and argued that women in prison should have no male attendants, whether they were ministers of religion or medical men. The task therefore was to develop an institutional regime that catered for 'criminal' women, and more generally those who broke away from the traditional stereotypical norms associated within femininity. Thus, the construction of reformatories specialising in the normalisation of women marked a broader shift in social expectations regarding the role of punishment, a shift which has been termed 'welfare penalty' (Garland, 1985; Hannah-Moffat, 2001).

Many of Fry's ideas were founded on Quaker principles. The Quakers placed an emphasis on self-correction and paternalistic forms of governance, and their methods of reform primarily utilised religious instruction (Dobash et al, 1986). Women were thought to be ideally placed in this process of reform, since their 'natural' maternal and moral abilities would see them fit for the moral remodelling of those placed in their charge (Hannah-Moffat, 2001). As Fry fervently contended:

Much attention has been successfully bestowed by women on the female inmates of our prisons; and many a poor prisoner, under their fostering care, has become completely changed, rescued from a condition of depravity and wretchedness, and restored to happiness, as a useful and respectable member of the community (Fry, 1827:4).

It was therefore assumed that the involvement of women in penal affairs would result in softer, benign, institutions. It was also presumed that the involvement of middle-class women and, in particular, 'respectable' working class women⁹ would prove to be a successful means of reforming unruly women back to acceptable standards of femininity, through providing

⁹ It was contended that working class women were generally better suited to work with 'unruly' women. Fry argued that a matron should not be of a station that was greatly elevated above the women in her charge, but she should still be superior in terms of her station in life so that she could command their respect and obedience (see Barton, 2011).

an example of appropriate female conduct. Maternal power was considered to be gentle, and thus institutions for women were perceived as lacking the harsher characteristics of custodial regimes for men (Carlen & Worrall, 2004). The emphasis on the sanctity of motherhood was increasingly prevalent throughout the late 18th century to early 19th century, and the presumed moral and spiritual power of motherhood was utilised for social influence purposes (Zedner, 1991a; Bloch, 1993; Hannah-Moffat, 2001). The valorisation of maternalism increased the political and public image of women in society, and allowed for the use of motherhood in wider societal issues. Middle-class women were regarded as virtuous and better suited to the task of preserving the morality of society than men, although this morality was deemed to be under threat due to social change and industrialisation.

Maternalism is generally characterised an ideology that emphasises the qualities and duties of motherhood (Hannah-Moffat, 2001). These qualities are presumed to be uniquely possessed by women due to their biological differences from men, specifically the ability to bear children. It has therefore been associated with notions of care, responsibility and an innate predisposition to nurturing tendencies (Koven & Michel, 1993; Hannah-Moffat, 2001). This 'sanctity' of motherhood was mobilised throughout the 19th century and the early 20th centuries to enable maternal reformers to gain entry into particular institutions which were largely male bureaucracies (Hannah-Moffat, 2001). However, the expectations of motherhood were by no means static, and what constituted motherhood varied considerably according to the interpretation of reformers. In the mid-19th Century evangelical interpretations of motherhood aligned the notion with the religious and moral superiority of women. The image of motherhood reflected Christian values, such as purity and domestic skills. This image was beneficial to evangelical charitable and reform endeavours since it provided women with a reasonable amount of autonomy in the public realm. However, religious images of womanhood contradicted the maternal image of women, which had been embraced by maternal reformers (Hannah-Moffat, 2001). This is perhaps best

exemplified through the image of the nun. The chastity of nuns was however elevated to a status that, whilst not exemplifying motherhood, enabled them to use the maternal image to legitimate their own regimes for the correction and salvation of 'fallen women' (Koven & Michel, 1993; Hannah- Moffat, 2001).

Religious institutions were the most apparent precursors of contemporary women's prisons and, as noted earlier, were frequently referred to as Magdalen penitentiaries or asylums (Hannah-Moffat, 2001).¹⁰ Despite the seemingly benevolent aspects of moral and religious guidance within these institutions, the religious correction of women involved practices that were predicated on humiliation of the individual which aimed to instil obedience. As Genders and Player (1987) have highlighted, the cutting of women's hair, and the issuing of plain uniforms was used as a means of minimising agency and dissolving individual identity. Thus, whilst Elizabeth Fry's earlier ideas had incorporated women prisoners in their own reform, her later ideas were concerned with "developing a technology of reform which would involve constant surveillance, *the erasure of individuality*, and strict programmes of discipline" (Carlen & Worrall, 2004:8, emphases added), ideas which became hallmarks of later institutional regimes in the mid to late 20th century. Fry's initial campaign did result in an improvement in conditions for imprisoned women, however her later concerns facilitated the implementation of penal reforms, emphasising a shift from prison reform to prisoner reform (Sim, 1990; Carlen & Worrall, 2004). Whilst maintaining the importance of religious instruction Fry, in opposition to her prior reflections, no longer saw women as subjects that could be involved in their own reform. As Dobash et al (1986:51) note, self-reflection was deemed unachievable since "their deeds and attitudes had rendered them unworthy participants in their own reformation". Fry therefore eventually proposed a system of surveillance not dissimilar to the panopticon design envisaged by Jeremy Bentham:

¹⁰ See Finnegan (2004) for a detailed account of these institutions.

The apartments of the matron ought to be so arranged, in connexion with the cells, the day rooms, and the airing grounds, as to enable her to see all her prisoners while at work, and in their houses of recreation, and to *overhear them* during the night; but, in case of the number of prisoners being too large for the superintendence and inspection of an individual, the matron may in this respect obtain all the assistance she requires from her female turnkeys (Fry, 1827:33, original emphasis).

The campaign to segregate women prisoners from men thus resulted in unfortunate results. Whilst the 1823 Prison Act officially resulted in segregation, and the appointment of women wardens, matrons and (later) female superintendents, it nonetheless came at a time when deeply stereotypical assumptions about the nature of women criminals had firmly embedded themselves in official discourse and popular thinking (Carlen, 1998). By 1850 two opposing themes were apparent in the imprisonment of women. First, that institutions for women were modelled on institutions for men, and second, that through the maternalistic interventions of reformers, such as Elizabeth Fry, they had developed with the notion that women were indeed different to men and thus required a different approach (Carlen & Worrall, 2004).

Medical Discipline

The mid-19th century saw the emergence of psychological, individualistic explanations of criminality, overlapping with moralistic explanations of human behaviour. Along with these 'scientific' perceptions came the assumption that criminals were a distinct separate species from non-offending persons (Zedner, 1991b). During this time two biological perceptions of offending women emerged, one as pathological (tarnished and polluted) and the other as a drain on the morality of society (a threat to the purity of middle class mothers and daughters). Female offenders were continuously measured against middle class standards of femininity/womanhood (Zedner, 1991b). When they were deemed to have failed at this they were believed to be a far greater hazard to society than men:

When a woman has thrown aside the virtuous restraints of society and is enlisted on to the side of evil, she is far more dangerous to society than the other sex (Carpenter, 1872:68).

Criminal women were thus regarded as a moral menace, and the means to address this moral deficit was to bridge the gap between morality and immorality through a prescribed feminine ideal for the female convict to follow (Hannah-Moffat, 2001; Carlen & Worrall, 2004).

From the very beginning of systematic confinement medical ‘experts’ prominently featured in the creation and implementation of strategies of correction and punishment within prisons. By the mid-19th century, doctors were instrumental in creating dominant scientific discourses on deviance and punishment (Dobash et al, 1986). Notably, the Contagious Diseases Acts of 1864, 1866 and 1869 were representative of the medical governance and policing of women’s behaviour. These Acts allowed for the confinement and isolation of women, who were then subjected to regimes that were designed to instil middle class moral and social values, which proclaimed that women should be passive and subordinate (Walkowitz, 1980; Sim, 1990). These regulations enforced a double standard of morality, through “penalizing women for engaging in the same vice as men” (Wakowitz, 1980:3). Whilst the Acts were initially regarded as a rational response to a pressing social problem, the enlisted men who were their clients were not subjected to medical inspection for venereal disease. In fact, an earlier attempt to implement a period of examinations of soldiers was disbanded due to fierce objection from soldiers, and the concerns from officers that enforced examinations would demoralise their men. Under the Acts a woman could be identified as a ‘common prostitute’ by a plain clothes policeman, she would then be subjected to two weekly internal examinations. If identified as having gonorrhoea or syphilis, she would be detained in a certified lock hospital, containing venereal wards, for a period not exceeding nine months (Walkowitz, 1980). Whilst these institutions were not wholly semi-penal, given that their primary role was to provide medical treatment, they nonetheless

constituted an extension of a network of institutions involved in the sexual and moral regulation of women during the 18th and 19th centuries (Barton, 2005). Administratively the Acts were complex, they were officially overseen by the Admiralty of the War Office and employed Metropolitan Police under the Home Office, yet they were reliant on magistrates, doctors and hospitals to enforce sanitary and penal demands.¹¹ Lock hospitals were however subject to heavy criticism from religious groups on the basis that they did not attend to the mind and soul. As such, further supervision was required in the form of Magdalene Homes (Barton, 2005). Nonetheless, towards the end of the 19th century positivistic criminology was attempting to identify causal factors in criminality, and consequently criminal behaviour was pathologised and individualised; a paradigm that gave rise to increasing social and psychological intervention by medical 'experts' (Sim, 1990).

For women, scientific discourses have been instrumental in legitimising one of the most common perceptions about them, that they are more prone to mental instability than men. This connection between femininity and mental instability was prevalent throughout the 19th century. As Showalter (1987:3-4) has commented "women within dualistic systems of language and representation, have largely been situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture and mind". This reasoning would have significant impacts on criminal law and the disposal of criminal justice during the 19th century. Indeed, medical and gynaecological theories on women and crime influenced decision making in courts whereby medical practitioners, gynaecologists and mental health physicians would explain women's criminality in terms of the physiological episodes that they were uniquely subject to (Edwards, 1984; Sim, 1990). Whilst crime had previously been deemed the result of a morality deficit, towards the end of the 19th century crime and poverty were

¹¹ The Acts were however met with resistance. Public discontent was first apparent in 1869 in response to the actions of civilian doctors and authorities as attempts were mounted to extend the geographic reach of the Acts. They were subsequently repealed between 1870 and 1886 (Walkowitz, 1980:2).

increasingly being viewed as the products of the mentally deficient poor (Barton, 2005). These emerging scientific discourses on offending had largely focused on physical differences as indicators of moral degradation and deviance. As Dobash et al (1986) note, most of these approaches emerged from the onset of the eugenics movements of the late 19th and early 20th century. Frequently based on measurements of physical attributes, such as cranial configurations and physiques, these measurements would provide the basis for the identification of difference. The implications for women from these discourses were profound, since in their role as mothers they were seen as a potential biological source of inferiority and moral degeneracy, marking a further distinction in responses to women's deviance. These concerns were underpinned by patriarchal assumptions on the nature of womanhood (Dobash et al, 1986); however, as Hannah-Moffat (2001) has noted, the role of women within this process should not be overlooked. This has perhaps been best exemplified by the efforts of middle-class female reformers, such as Elizabeth Fry, and the role they played in the identification and reform of women who did not meet this idealised middle-class standard of femininity. Therefore, whilst there is no doubt that punishment regimes had a strong link with the 'expert' human sciences', it is nonetheless important to take into consideration other 'benevolent' forms of power; those discourses that can be described as non-scientific and/or amateur, such as the role of maternalism and evangelicalism (Hannah-Moffat, 2001).

Whilst traditional moralistic theories in the mid to late 19th century were clearly being subverted by newer 'scientific' conceptions of human behaviour, the rationale of these newer theories were still nonetheless rooted in Victorian conceptions of morality. There was a clear overlapping of approaches to female deviance, however towards the end of the 19th century there was an increasing positivistic focus on the individual and internal features that made individuals crime prone. A clear example of these overlapping approaches is exemplified by the endurance of the Victorian notion that women were physically and mentally weaker than men. This perception undoubtedly

resulted in the framing of women as ideal candidates for medicalisation processes that would proceed deeply into the 20th century (Zedner, 1991a).

Doctors working within prisons and asylums had begun to dominate the emerging scientific discourses on crime. As Dobash et al (1986) note, their privileged position in society no doubt advanced the progression of these discourses. Specifically, these discourses emphasised the importance of individual features and characteristics. Of note is the work of Lombroso and Ferrero, in their text *The Female Offender* in 1898, which furthered the claim that 'criminal' women were morally deficient and less evolved than men:

We have said that the impulses of hysterical women are always like those of big children; but it is strength to do greater evil which is wanting in them as in all women. For the rest they can often surpass their sex, and then become terrible, worse than men (Lombroso & Ferrero, 1898: 232).

On this basis they categorised 'criminal' women as a sub-species, 'bad' and 'unnatural', compared to the white, middle class, law abiding woman (Smart, 1976). British scientific 'experts' during this time however considered moral degeneracy more specifically in relation to brain function. This was a result of a presumed link between morals and sentiments, and the mind. This was given further legitimacy through the work of the British psychiatrist Henry Maudsley (1892), who was of the belief that deviance was linked to mental disorganisation. Whilst Maudsley did not focus specifically on the notion of a link between mental abnormality and crime, as had some of his American contemporaries, he instead focused on the presumption that mental disorganisation, low intelligence, and feeble mindedness were causes of moral degradation; primarily caused by an inability of the brain to function correctly.¹² His attentions to women's deviance and crime provided support for the notion that the normal functions of women's bodies, such as pregnancy, menstruation and lactation, could result in a number of undesirable outcomes, such as insanity, lustfulness, and criminality (Dobash et al, 1986).

¹² Maudsley did however believe that the majority of criminal behaviour was inherited (Dobash et al, 1986).

Victorian psychiatry thus largely focused on the stability of women's minds. This was again heavily linked to physical aspects, such as the regulation of women's menstrual cycles, as far as was possible, and their sexuality. Showalter (1987) has noted that 19th century medical treatments were reflective of male fears about female sexuality, and thus treatments were frequently designed to control the reproductive system. Asylum doctors readily equated sexuality with insanity; particularly the notion of nymphomania was regarded to be a constantly present symptom in the insanity of young women. Within lunatic asylums the treatment of women often revolved around attempts to control women's minds, and was expressive of male psychiatrist's definitions of femininity and insanity. Work within asylums focused on instilling domestic discipline and was thus reflective of prescribed gendered roles in society, such as work within laundries. Attempts to control women's minds and bodies in asylum practices were informed by strategies which promoted qualities such as self-government and industriousness, the aim of which was to enable women to better resist the weaknesses and stresses of their bodies and female nature (Showalter, 1987), and thus the governance of 'non-conforming' women frequently fostered notions of responsibility, choice, self-sufficiency and productiveness.

Early to Mid-20th Century Psychiatry

The catastrophic impacts of World War One did have some initial benefits for women, firstly the image of the idle, delicate, fragile middle class woman had been somewhat displaced due to the engagements of women in the public realm. Secondly, the notion that middle class women were the primary sufferers of nervous and hysterical disorders had been modified, following the acknowledgement and identification of such disorders in men returning from war. These modifications were nonetheless brief. In the immediate years following the war incidences of female hysteria were in

dramatic decline, and in the professional realm of psychiatry there appeared to be greater acceptance of the participation of women.¹³ As Showalter (1987) has noted, in 1927 the London County Council employed women doctors in London County mental hospitals. Similar to the rationales for the inclusion of women in earlier 'rescue' work, in the early 20th century the rationale was rooted in the notion that large number of female patients would be appropriately attended to by women doctors. However, contradicting the idea of women's participation in the public realm, was the encouragement from government rhetoric and media advertisements for women to follow, or indeed return to, a domestic ideal. By 1921 the percentage of women in the workforce had quickly reverted to what it had been before the war (29%). Furthermore, by the 1930s women formed 61% of the population of the London Tavistock Clinic, which provided psychoanalytic treatments for nervous disorders (Showalter, 1987:196). In addition to this, the rate of illegitimately born children fell and divorce rates stabilized throughout the 1920s. The post war period was thus marked by a return to conservatism about the role of women and men in society (Showalter, 1987).

Prominent during this time were Freudian views on female psychology and sexuality. Freud himself had developed a theory of the anatomical inferiority of women to men, notably through his theory of 'penis envy', which he argued was the cause of feelings of worthlessness, self-hatred, and dislike of one's mother. According to Freud, the result of this could cause any one of three specific pathways in a woman's psychic development, which were regarded to be: sexual fear; defiant competition with men; and homosexuality. Between 1925 and 1935 there was an increasing focus on femininity, female sexuality and the psychology of women within the psychoanalytic movement (Showalter, 1987; Carlen & Worrall, 2004).

¹³ It is worth emphasising that whilst the events of World War One were undoubtedly important, it was by no means a catalyst for women's entry into the medical profession. Middle-class women had begun to enter the profession before World War One, as a result of the rigorous and innovative campaigning of the Ladies National Association against the Contagious Diseases Act, which were eventually repealed in 1886 (Wakowitz, 1980).

Two strands of English psychiatric modernism would come to affect women from the 1920s to the 1960s, both confined and in society. Psychoanalysis had provided the 20th century with some of the most influential ideas on femininity and women's sexuality. Furthermore, the emerging advances in medical psychiatry expanded scientific knowledge and technical skills (Showalter, 1987). It is important to note that during the 1920s and 1930s incarcerated women were still in receipt of regimes that were designed to rehabilitate them back to 'normal' social patterns of work and lifestyle. Indeed, whilst the first half of the 20th century saw the demise of traditional reformist institutions, many of the core concepts endorsed by the movement remained, and were apparent in the emergence of non-custodial institutions for women. The dominant discourses of pathology, respectability, domesticity, motherhood and sexuality persisted and were continuously utilised to explain women's behaviour and thus to identify 'deviant' behaviour that did not conform to these ideals. As such these discourses continued to influence the construction of new 20th century institutions for women, such as homes for unmarried mothers, halfway houses and probation hostels (Barton, 2004). Women in prison, for instance Holloway, were given duties that adhered to stereotypical assumptions regarding appropriate female roles in society, such as cookery, sewing and gardening. Classes undertaken by women in prison thus revolved around 'housewifery', which consisted of embroidery, needlework and dressmaking. Education was limited primarily to child welfare, mothercraft and first aid (Showalter, 1987; Sim, 1990).

The psychological treatment of women was heavily orientated around psychopathology. As Sim (1990) has noted, such a position was given official legitimacy in the publication of a Medical Research Council report in 1933. The author, psychoanalyst Grace Pailthorpe, focused on delinquent women and girls confined in prisons, and stated that deficient biological development was central to the poor development of moral values. As such women and girls in prison were deemed to be 'sick people', and should be considered in much the

same manner as a person who was suffering from varying contagious complaints. Pailthorpe's recommendation was to separate these women so that they could be subjected to psychological correction, typically psychoanalysis. For those women who were prone to 'mental deficiencies' and 'promiscuity', resulting in pregnancy, permanent separation was recommended. She however deemed sterilization to be the best approach, since it would allow women 'freedom' (Sim, 1990). As Sim (1990:152-153) further notes, the report was influential given its links with the work of other bio-psychologists, such as Maudsley, which firmly associated women's biology and sexuality with crime.

In addition to biological and psychological reasons, presumed ignorance, selfishness, idleness, bad relationships with family, and a lack of Christian faith were factors considered to be significant to women's criminality. These notions permeated official views, and became legitimating features of regimes that were deemed to correct, or indeed raise, the moral standards of criminal women. The gendered assumption that women lacked mental stability was central to such regimes, and by the 1940s and 1950s individual psychology and family environment were central factors in state sanctioned interventions in their lives (Sim, 1990:153; Zedner, 1991a; Carlen, 1998; Carlen & Worrall, 2004).

Mid-20th Century Medicalisation

By the 1950s female prisoners provided a fruitful area of study, since they represented the minority of women who failed to conform to their designated roles as passive wives, mothers and domestic servants. Notably individual pathology influenced by environmental factors, largely linked to family, would provide the dominant framework for analysing and understanding deviant behaviour in women (Carlen & Worrall, 2004). Again, the primary objective was to restore women to their prescribed domestic roles in society. It was thus assumed that their training would make them better

citizens; of particular concern were women who were regarded to be poor mothers (Carlen & Worrall, 2004). As Sim (1990) notes, in 1945 the Women's Group on Public Welfare, together with the National Council of Social Service, instructed a committee to report on child neglect in the study *The Neglected Child and his Family*.¹⁴ The main findings of the study concluded that intelligence was a crucial factor in the neglect of children, and that this lack of intelligence was directly linked to an inability to improve poor home conditions. Furthermore, irresponsibility was cited as a key factor in their presumed ignorance of appropriate child-rearing practices. Importantly, the study stated that irresponsibility was a state whereby women were unaware of the responsibility they had in child care management. The concluding result was the inclusion of specific training schemes in Birmingham prison, which centred on housewifery and motherhood.

The work of Doctor Phyllis Epps is of note in the process of psychiatrizing women's behaviour. Between 1948 and 1950 she conducted a survey of women entering a borstal, and following prior themes she outlined a number of factors that she felt were instrumental to women's criminality, these included: family history; illegitimacy; menstrual cycle; emotional stability and mental state. In addition, she reinforced the notion that 'criminal' women generally lacked intelligence, when compared with non-delinquents, and that mental instability had a causal link with disciplinary issues (Sim, 1990:157-158). This link had real impacts in terms of prison discipline; women in prison were routinely reprimanded for twice as many disciplinary offences as men (Carlen & Worrall, 2004). Furthermore, in later work, Epps reiterated the long-standing concern that children from single parent families were more likely to fall into criminal behaviour patterns. Of 546 women prisoners studied, Epps argued that since 366 of them had children under 15 years of age, their social importance was more significant than their numbers alone would suggest (Brown & Epps, 1966:1043). Whilst the study was more

¹⁴ Report of the Commissioners of Prisons and Directors of Convict Prisons 1949.

specifically linked to childhood bereavement, it nonetheless purported that single parented families could pose a significant 'criminal' concern:

Multiplicity of care and lack of stable parent figures in childhood are considered to be factors in both male and female criminality (Brown & Epps, 1966:1043).

Further research also supported the notion of a link between women's bodies and criminality. As Sim (1990) has noted, Katarina Dalton's study, which was published in the *British Medical Journal* in December 1961, argued that there was a strong relationship between women's menstrual cycles and criminal behaviour. Her investigation carried out in a women's prison summarised that "almost half of the women committed their crime during menstruation or the premenstruum" (Dalton, 1961: 1753).

Whilst such biological perceptions were no doubt influential they did not exist in isolation from moralistic approaches to understanding women's crime. Prison regimes were still heavily orientated around domestication, however they were also entwined with biological approaches to achieving a 'domestic ideal', through a process of normalisation (Carlen, 1983; Sim, 1990; Worrall, 1990). A further official nod to such ideas was provided by the Home Office in 1967, when it was stated that severe personality disorders and emotional disturbances were more likely in women and girls in custody than men. This opinion was highly influential and by the late 1960s security, control, and medicalisation were prime factors in the construction of women's prison regimes (Sim, 1990; Carlen & Worrall, 2004).

The perception that women prisoners were emotionally disturbed and lacked full intellectual capacity gained increasing support from observers and professionals in the penal realm. By the 1960s most discussions on women's prisons espoused such a position. As Dobash et al (1986) have noted, prison official Michael Wolff commented that women and girls in conflict with the law should be considered mentally disturbed, and of a particularly low intellectual calibre. In addition to this, official accounts reinforced the notion that women in conflict with the law needed medical, remedial, or psychiatric treatments. The Governor of Holloway prison, Joanna Kelly (from 1956-66),

claimed that the majority of women there were deranged and thwarted. She further claimed, however, that women in prison were receiving treatment to deal with these 'deficiencies'. These views clearly echoed narratives that underpinned 19th century approaches to women's crime; that women in conflict with the law were mentally weak, and prone to instability (Dobash et al, 1986).

'Therapeutic' Institutions

Corton Vale prison in Scotland is a prime example of how scientific discourses on women's deviance impacted on the development of custodial institutions. Built in the 1970s, Corton Vale was deemed necessary on the basis that women prisoners presented a high risk of psychiatric disorder. As a result, Corton Vale would have more psychiatric resources than any other establishment in the Scottish penal system (Carlen, 1983; Dobash, et al, 1986). Prior to the opening of Corton Vale, a working party was established to propose recommendations for the training and treatment of women. It was assumed that there would be a great demand for therapeutic treatments in prison, and furthermore that the demand would be so great that services would be over stretched and unable to provide for all women. As Dobash et al (1986) note, the *Report of the Working Party on the Treatment and Training of Female Inmates in Scotland* (a sixteen-page document) devoted the majority of its pages (nine) to the alleged psychiatric requirements of women prisoners. It was thus assumed that the hospital would be the centre of the prison. Thus, unsurprisingly, the role of the psychiatrist was considered to be paramount.

The redevelopment of Holloway prison in 1968 followed a similar pattern. Redeveloped as a secure hospital, it was believed that a 'therapeutic' environment would be more suitable for the needs of women in conflict with the law (Worrall, 2002; Carlen & Worrall, 2004). The main facilities at Holloway were its medical and psychiatric provisions, it was deemed that there would be minimal need for normal custodial facilities, and as such they

would only form a small part of the overall prison. It was argued that this was desirable since it could then easily be handed over to the National Health Service (NHS), for use as a psychiatric hospital, in the event that it was no longer required as a prison (Dobash et al, 1986).

The work of psychiatrist Gibbens was highly influential in the decision-making processes of the Holloway Project Group. Gibbens, on the basis of observing every fourth woman entering Holloway prison, asserted that female offenders commonly suffered from psychological and social disturbance. His research, primarily on young girls, was influenced by the work of Cowie, Cowie & Slater (1968), in their study *Delinquency in Girls*, which maintained the idea that criminality had a causal relationship with pathology.¹⁵ Gibbens concluded that 'delinquent' girls could be considered seriously psychological disordered and therefore Holloway should resemble a secure hospital (Dobash et al, 1986; Carlen & Worrall, 2004).

Therapy, as Dobash et al (1986) note, was the centre piece of both Corton Vale and Holloway, which was in turn linked to three specific ideas on appropriate responses to wayward girls and women. First, through the stereotypical assumption that women were more prone to mental instability than men, second that women who commit crime were by definition mentally disordered in that they had transgressed 'normal' female behaviour, and third that women offenders were more difficult to manage than male prisoners. This assumption was based on the notion that, unlike men, they tended to respond to incarceration in a 'neurotic' manner (Smart, 1976; Carlen & Worrall, 2004).

Women's prisons during this time were rife with prescription medication and the psychiatric governance of women who were deemed to be difficult to manage. The use of psychotropic drugs has been acknowledged to be disproportionately high in women's prisons (Carlen, 1983; Mandaraka-Sheppard, 1986; Sim, 1990; Scott & Codd, 2010). Between January 1984 and March 1985 there were over 145,000 doses of sedatives, tranquilizers and anti-

¹⁵ Cowie et al (1968) identified particular indicators that would facilitate the identification of the 'abnormal' delinquent girl from the 'normal' non-delinquent girl (Smart, 1977).

depressants given to women in prison, which was proportionally five times the number of such doses prescribed in men's prisons (Genders and Player, 1987:165). This differing treatment was undoubtedly the result of the view that women prisoners were mentally weaker and did not adjust to prison regimes as well as men. The differential treatment that women received was deemed justifiable due to the presumed psychological, biological, and social differences from men (Genders & Player, 1987). Furthermore, much like the custodial regimes of the 19th century institutions, the structure of penal work in prisons continued to revolve around domestic chores, cooking, cleaning, laundering, and dress making skills. Thus, adaptations to penal policy, for women, have continuously endorsed gender specific assumptions about women's 'normal' behaviour and their roles in society (Carlen, 1983; Genders & Player, 1987; Carlen & Worrall, 2004).

Alongside these adaptations existed the notion that therapeutic regimes are less punitive. As Carlen & Worrall (2004) have noted, this assumption has created the perception that women's imprisonment is far less abrasive than that experienced by men; a soft approach for the 'softer sex'. However, the use of heavy sedatives for those women perceived to be problematic reveals a somewhat different account. Furthermore, the issue of effective health care and 'therapeutic' regimes for women, are called into question when considering the controversial issue of self-mutilation and death in custody (Sim, 1990; Coles and Sandler, 2008).¹⁶ Genders & Player (1987) have acknowledged that the notion that women are passive has also permeated assumptions about women's behaviour in prison, contradictorily even when they are deemed to have abandoned such labels through the very act of breaking the law. It would be wrong to assume that all women in prison accept the regime passively. Women in prison develop various means of coping with the loss of autonomy and liberty (Genders & Player, 1987). Despite the inherent restrictions and barriers to women's choices and opportunities in

¹⁶ The issues pertaining to self-harm and self-inflicted death are explored in the following chapter.

prison, this does necessarily suspend the ability to assert agency through resistance to disciplinary practices (Bosworth, 1999).

By the end of the 1980s there was a substantial body of literature that had critiqued the nature of women's imprisonment in England, Wales and Scotland, highlighting the differences from men's imprisonment. It was acknowledged that these differences were not merely a result of the perception that women required a different approach, due to their biological differences from men, and their differing roles in society, but also that the social control of women was wholly different than that experienced by men (Carlen, 1983; Worrall, 1990). The main difference being that women experience greater informal controls outside of the criminal justice system, as a result of gendered ideologies (Carlen, 1983; Carlen & Worrall, 2004). Campaigners for women in prison spoke out against the imprisonment of women who had committed minor offences. It was argued that women who posed no serious threat to society should not be imprisoned. However, what became notable throughout the 1990s was the translation of 'risk of committing crime' into 'risk to oneself'. This resulted in the perception that women with greater social needs were more likely to break the law. As this notion took hold, imprisonment could be validated in two related ways. First, if a woman's needs were such that they increased her likelihood of committing future crimes she posed a risk and should go to prison, and second, it was deemed that these needs could be addressed in prison to reduce the risk she posed to society (Carlen & Worrall, 2004).

Risk and Security

From 1988 to 1994 a succession of Conservative Home Secretaries were attempting to radically alter penal administration, albeit in different ways. Of note was prison privatisation, associated with Kenneth Clarke, and following this the relentless and persistent concerns around security and risk, notably associated with the then Home Secretary Michael Howard. What was also clearly apparent during the 1990s was the notion that single mothers were a

moral menace. Such rhetoric was informed by stereotypical assumptions about the economically deprived, undoubtedly emanating from right-wing under-class theories. Implied in such theories was the long-standing idea that mothers were integral to the moral fabric of society, and therefore permissive single mothers were damaging to family structure, and the overall moral wellbeing of society (Carlen & Worrall, 2004). This punitiveness towards single mothers has been documented extensively elsewhere (Worrall, 1981; Carlen, 1983; Edwards, 1984; Worrall, 1990; Carlen & Worrall, 2004). As Carlen and Worrall (2014:15) have argued, the general punitiveness towards single mothers would have an additional harmful influence on their passage through the criminal justice and penal systems, highlighting that between 1993 and 2001 the women's prison population increased by over 145%.

The official consensus at this time had been that women in the criminal justice system were treated more leniently than men. Women, it was presumed, were more likely to be cautioned, discharged, or given a community sentence, and were less likely to be fined or imprisoned (Worrall, 2000). Whilst for men the increase in the prison population was accompanied by increases in the majority of non-custodial sentences, the picture for women was somewhat different. As Worrall (2000:10) notes, whilst the imprisonment of men between 1993 and 1998 had risen by 45%, for women there was nearly a 100% increase. However, between 1987 and 1998 probation orders for men increased from approximately 31,000 to nearly 43,000, whilst probation orders for women declined from 10,000 in 1987 to 7,000 in 1993, before returning to approximately 10,000 in 1997, and then rising to over 11,000 in 1998. Whilst Worrall highlights that there was a rather consistent increase in orders given to women from 1987 to 1998 (increasing from 2,000 to 4,800) she argues that when compared with the numbers of orders given to men in 1998 (44,000) it appeared that many women at risk of imprisonment were being considered unsuitable for community service.

The under use of community service for women was in part attributed to practical issues, such as childcare arrangements and shortages in female

supervisors, however the aversion to sentencing a woman to community service appeared to be more deep seated. As Worrall (1990) notes, community service has routinely been seen as a physical punishment for physically strong, active, young men. Courts had thus questioned its suitability for women. Whether such concerns were due to a dislike of seeing women undertake physical labour outside the home, or sensitivity towards adding to women's physical chores in the home, is difficult to assess. Regardless, either view was misguided since the potential to increase the women's prison population remained a strong possibility. Indeed, it has long been understood that the breach of a community order is persistently backed up by the threat of a custodial sentence, and thus that community orders contribute to an expansion of the carceral net (Cohen, 1985).

What greatly affected women's imprisonment during this time was the obsession with prison security (Carlen & Worrall, 2004). This concern had not only been fuelled by a number of high profile escapes from men's prisons in the mid-1990s, but also prison unrest. The early 1990s thus marked a period of considerable discontent, notably the Strangeways prison riots in 1990. These incidents, fuelled by concerns over security, instigated an independent public inquiry into the state of prisons, under the chairmanship of Lord Justice Woolf. The Woolf Report (1991) would provide recommendations for change which would become a model for prison reform for the following 25 years. As Player (1994) notes, whilst the Woolf Report did not specifically address women's prisons, it was acknowledged that women in prison were a less serious 'criminal' problem. Further hopes had been provided by the Criminal Justice Act 1991, which had reiterated the need for a proportionate approach. Therefore, since it had been widely acknowledged that women in prison represented a less serious crime problem, there were real hopes that there would be a reduction in the women's prison population. However, since women had been paid no particular attention within the Woolf Report, the implications for women were inevitable. The failure to acknowledge women resulted in the neglect of the specific impacts of prison on women (Player,

1994). Furthermore, the just deserts approach recommended in the Criminal Justice Act 1991 was largely met with disapproval from magistrates, politicians and the public. By 1993 significant parts of the Act were side-lined or amended, and the idea that prisons should be a last resort for serious offences was, as a result, discredited. The 1993 Criminal Justice Act replaced Section 29 (1) of the 1991 Act, the result being that prior convictions could be considered in sentencing, should they have a bearing on the current offence. The result of this was to signal to sentencers that prior convictions could lead to more serious penalties than the current offence indicated (Hedderman, 2011). Thus, throughout the 1990s what was clearly apparent was the prominence of risk in law and order politics (Bottoms, 1995; Feeley & Simon, 1992; Garland, 1996).

During this time the British women's prison estate was suffering from a crisis of legitimacy. There was a growing awareness of the deprivations of women prisoners, who were noted to suffer from a multitude of disadvantages. However, these concerns were present alongside persistent punitive rhetoric from sentences that purported that if women wanted equality with men, they should also expect equivalent punishment when they broke the law (Carlen & Worrall, 2004). In order to satisfy punitive commentators, and prison reformers, a new criminology of women's crime and imprisonment was combined with the rhetoric of reformers. The resulting discourse was however divorced from issues of poverty and social exclusion, which ultimately allowed for the reinforcement of the notion that women could be imprisoned for their own good and the general good of society. It was thus assumed that prison programmes would be tailored to the needs of women, and that these programmes would have wider societal impacts in terms of reducing recidivism (Carlen & Worrall, 2004). The assumption was that programmes designed to address their offending behaviour would enable them to live productive, law abiding, lives when released from prison. Such strategies were undoubtedly infused with neoliberal principles, whereby self-

governance was promoted as the solution to economic and social marginalisation (Sim & Cooper, 2013).

Neoliberalism & the Role of the Voluntary Sector in Criminal Justice

The neoliberal agenda endorsed by a Thatcher-led Conservative government in the 1980s, and the 1990s, saw the privatisation of public services from health to criminal justice, and the creation of competitive service delivery markets which, it was argued, would reduce the cost of an expensive welfare state (Corcoran, 2008; 2009; Tomczak, 2014). Part of the Criminal Justice Act 1991, enabled prisons to be transferred to private management and the commissioning of new private prisons, it also compelled probation boards to utilise drug programmes for offenders from voluntary and private contractors (Corcoran, 2011a; Tomczak, 2014). This neoliberal reconfiguration of criminal justice delivery was furthered by successive governments. Indeed, this agenda continued under New Labour, from 1997 to 2010, although with “more varied strategies for creating a ‘mixed economy’ of public service ownership” (Corcoran, 2011a: 37).

New Labour had come to power in 1997 under the leadership of Tony Blair, and the size of their victory ensured a particularly strong position. Their pledge to be tough on crime, and its causes, was put into practice, albeit with a far more evident focus on being tough on crime. Between 1997 and 2008 in excess of fifty criminal justice bills were put forward, and more than three thousand new criminal offences had been created (Scott & Codd, 2010; Hedderman, 2011; Dunbabin, 2013). A further central theme of their agenda was that prisons could be made to work and thus a range of programmes was established, through the support of the Crime and Disorder Act 1998, to create a “joined-up partnership approach to offending behaviour” (Cooper and Sim, 2013:196). This in turn led to the introduction of programmes such as Reason and Rehabilitation, Enhanced Thinking Skills, Problem Solving and CALM

(Controlling Anger and Learning to Manage it) (Sim, 2004; Cooper & Sim, 2013).

In addition to this, New Labour increasingly viewed the incorporation of the voluntary sector/third sector in offender management, as a way of renewing notions of participatory citizenship, as well as being an agent to steer public services towards “competition, choice and performance-based incentives and motivations” (Corcoran, Williams, Prince and Maguire, 2018:189). New Labour thus viewed the voluntary sector as a missing link, which in conjunction with commercial providers would revitalise public services. It was also perceived that this would be an attractive modern project, and politically palatable since it was “neither statist nor market fundamentalist” (ibid).

Further advancing the neoliberal agenda of the previous government, and advancing a mixed market of service delivery, New Labour introduced The Offender Management Act of 2007. This Act placed an emphasis on the role of market discipline in monitoring performance, it further facilitated the allocation of duties and responsibilities typically associated with probation to private and voluntary organisations (Corcoran, 2011a:37). This enabled voluntary sector organisations to enter as contract bidders, alongside private and statutory competitors. Thus, under New Labour, the third/voluntary sector was considered a close government partner and a source of expertise (Corcoran et al, 2018). However, Corcoran, Maguire and Williams (2019:97) further highlight that after the election of a coalition government in 2010, the language of partnership gave way to “an emphatically marketised, competitive, target-led approach, as the state favoured fiscal austerity and downsizing”. As such, they assert that the contemporary picture of the operation of the voluntary, private and public sector in criminal justice is dominated by “the interests of large-scale providers working within hierarchical commissioning structures” (ibid).

An orthodox view of the relationship between the state the third/voluntary sector, from the post-war period, has generally presented a

relationship characterised by “mutual dependence and a balanced partnership” (Corcoran et al, 2018:187). This view also holds that whilst there may be occasional conflicts, governments are nonetheless refrained from indiscriminately curtailing the actions of civil society actors. Despite this account there has been increasing attention from academics, policy commentators and activists, warning that the potential incorporation and co-optation of charities into “a shadow penal estate” may diminish “the sector’s distinctive, humanitarian, relatively autonomous and publicly legitimate standing” (ibid). However, such arguments have been considered problematic since they tend to “deny the agency and heterogeneity of the penal voluntary sector” (Tomczak, 2014:471). Corcoran et al (2018) thus highlight that whilst commentary has generally focused on the potential corruption of the voluntary sector by the state, there are instead more complex, nuanced, developments emerging from the increased influence of private capital in public services. Arrangements between the voluntary sector and the state are rapidly changing into arrangements incorporating private capital, statutory bodies and charities.

From their research which investigated the adaptation of the penal voluntary sector to the mixed market of criminal justice service delivery in England and Wales, between 2015 and 2017, Corcoran et al (2018) acknowledge three key findings which highlight this complexity. First, that the voluntary sector predominately complied with or, in a minority of cases, actively embraced competitive marketised models. Second, that the sector normalised organisational efficiency and greater alignment with bureaucratic practices. And third, that the majority of voluntary sector organisations acknowledged conflict in terms of prioritising financial stability with their original aims and values (Corcoran et al, 2018:188). As such, these findings would indicate that whilst many voluntary sector organisations working within the criminal justice system do attempt to maintain their own original values and aims, financial stability is likely to be a key factor that hinders their willingness and ability to do so in practice. Indeed, as Corcoran et al (2019:102)

note, amongst some penal voluntary sector organisations, in the context of lost funding avenues deeply exacerbated by austerity measures, and increasing marketization, there was awareness “in stark existential terms to adapt or die”. Whilst there has been some criticism of analysis that has primarily focused on marketisation (See Tomczak, 2014),¹⁷ the analysis presented by Corcoran et al (2018; 2019) is persuasive for this research since the financial stability of TWC was the most predominant factor discussed when talking about the future of the centre with staff.¹⁸

There are nonetheless two general views on the role of the voluntary sector in criminal justice. As Tomczak (2017a:153) has noted, one view is that voluntary organisations “empower prisoners and probationers enabling them to build social capital”.¹⁹ The second view suggests that they extend social control, through expanding the scale of penalty (Foucault, 1977; Cohen, 1985; Cooper & Sim, 2013). As Cooper and Sim (2013) contend, in relation to the latter assertion, such measures are part of a joined-up governmental response to crime and deviance that “can be understood as relying upon numerous and diverse discursive practices that compel individuals to act within and upon their own subjugation” (Cooper and Sim, 2013: 196).

As Hannah-Moffat (2001) has noted, neoliberal strategies of governance go far beyond direct forms of repression, discipline, social control and welfare restriction. What has become increasingly apparent in analyses of neoliberal governance is the governance of individuals from a distance (Rose, 1993; Hannah-Moffat, 2001). One of the main features of this mode of governance is self-governance, which constructs the individual as a rational, free, responsible consumer who is capable of managing and minimising risk, not only to themselves but to others. Of importance here is the notion that the exercise of authority is the outcome of freedom of choice, and therefore it has

¹⁷ Tomczak (2014) has asserted that whilst such research is timely and important, a central focus on marketisation lends itself to a partial analysis of the penal voluntary sector, through economic reductionism.

¹⁸ These factors are fully unpacked in Chapters Seven and Eight.

¹⁹ Such views were espoused in the highly influential Corston Report, to which this chapter shortly turns.

been acknowledged that strategies of responsabilisation are integral to such notions (Garland, 1996; Hannah-Moffat, 2001).

There are in the UK thousands of smaller voluntary organisations, and in the region of 180,000 registered charities that currently deliver annually £13 billion pounds worth of public services (Cooper & Sim, 2013:197). Cooper and Sim (2013:193) have proposed that this has facilitated the “generation of new layers of social control” (Cooper and Sim, 2013:196), since state institutions; private companies, such as Group 4 Securicor (G4S) and Serco; and voluntary sector organisations, have become actively competitive in a market of social control. Haney (2010) has also argued that state partnerships with a range of organisations have rapidly increased the number of actors now involved in offender management. She notes that whilst many of these actors are described as community members, therapists, entrepreneurs or NGO activists, they nonetheless remain part of the state arena through contractual obligations, budgets, staffing and legal mandates. She thus asserts that such organisations could be described as “satellite states” that circle a centralized state “mothership”. She thus asserts that they thus remain reliant on the state for material survival, legitimacy and authority, whilst claiming autonomy from the state and asserting their ability to set their own agendas (Haney, 2010:16). These concerns are of particular interest for this thesis, given one of the central aims in appraising the role and function of one voluntary/third sector organisation for formerly imprisoned women, TWC.

The Voluntary Sector & Women’s Centres: Gender Specific Programmes for Female Offenders

For female offenders, the creation of the Women’s Offending Reduction Programme at the Home Office in 2004 was a considerable and decisive move towards mainstreaming gender within criminal justice and penal policy. From their work, the Ministry of Justice and Home Office supported several gender specific projects, operated by partnerships between local voluntary sector groups and probation services that sought to support resettlement, diversion

from custody and noncustodial supervision of women in their communities (Corcoran, 2011b). Such programmes have been deemed essential in order to address the specific needs of female offenders, and those at risk of offending. Indeed, the acknowledgement of women's differential needs, and differing experiences of the criminal justice system, from men, has a long history (as noted earlier in this chapter). Decades of feminist research has highlighted the particular impacts of imprisonment and community penalties on women, and has argued that women were predominantly met with a system designed with men in mind (Carlen, 1983; Heidensohn, 1985). These acknowledgements provided substantial support, and demand, for gender specific approaches for women in conflict with the law.

The work of women's centres, during the first decade of the 21st century, in terms of meeting the particular needs of women in trouble with the law has attracted particular attention, notably in the Corston Report (2007) to which this chapter shortly turns. Women's centres are specialist community-based 'one-stop shops' that provide services for women offenders and those at risk of involvement with the criminal justice system, amongst other groups. As the APPG (2016) have noted, women's centres vary in terms of the services provided but they all claim to provide a welcoming atmosphere where women can spend their time and receive support. Many women's centres provide: counselling and mental health services; drug treatment; employability skills; domestic violence support; child care; and housing assistance (APPG, 2016:2).

Before the highly influential Corston Report, there were a small number of such centres in England and Wales, as Plechowicz (2015) notes, the majority of these gender specific projects had been created independently to meet local need, however some were in partnerships with local probation trusts. These projects included the well regarded Together Women's Pilots from 2005, in Yorkshire, Humberside and the North-West of England which was funded by the Labour Government as demonstration projects. Approximately nine million pounds was allocated to the pilots, which operated across five sites (Gelsthorpe, 2011: 139; Plechowicz, 2015:133). These centres, as Gelsthorpe

(2011) highlights, offered a one-stop-shop approach that was argued to provide holistic services to women with the principle aim of reducing offending, and a secondary aim of diverting women at risk of offending from prosecution and custody. Whilst the range of services varied between the five centres, according to local need and partnership arrangements, the basic provision included “training on issues such as parenting, managing mental health, life skills, thinking skills, and addressing offending behaviour” (Hedderman, 2011:139). Each centre held surgeries that addressed a range of issues, such as housing and benefits, but also operated as a drop-in-centre where women could access activities, for example reading groups, and complementary therapies. Further aims of the Together Women pilots were to identify lacunae in provision and to fill them, and to link up with external local services whilst not replicating the work of such services (Hedderman, 2011:140). The momentum for the provision of further interventions to address female offending thus clearly gathered pace in the first decade of the 21st century, they however gained considerable attention in the Corston Report. Indeed, the expansion of such gender specific programmes for women is considered to be one of the main successes of this report. As such, the chapter moves to critically unpack the inception, recommendations and influence of the Corston Report (2007), doing so is essential for a critical consideration of the role and function of TWC, for formerly imprisoned women, which was inspired by and established following the publication of the Corston Report.

The Corston Report & it's Key Recommendations

In 2006 Baroness Jean Corston was commissioned to review the adequacy of services for women in conflict with the law, following the controversial self-inflicted deaths of women in prison in England and Wales. Of particular note was HMP Styal, where six women²⁰ had died in a 12-month period (Moore, Scraton & Wahidin, 2018). These events compelled the

²⁰ Julie Walsh, Nissa Ann Smith, Anna Baker, Sarah Campbell, Jolene Willis and Hayley Williams (Moore, Scraton & Wahidin, 2018:1).

government to reflect on the number of women sentenced to imprisonment and to take into consideration the negative impacts that imprisonment had on them and their families (Hedderman, 2010).

The Home Secretary at that time, Charles Clarke, was thus called upon to hold a public inquiry. He however surmised that a public inquiry was unlikely to add substantially to what had already emerged during the investigations into the self-inflicted deaths of women in HMP Styal (Corston, 2007:14).²¹ Baroness Corston was therefore commissioned to undertake a review that would appraise the various initiatives that the government was taking forward to address the specific concerns raised in the investigations. This would be done with public involvement, and would appraise the effectiveness of current initiatives, it would further pronounce on what more could be done for women in conflict with the law (ibid). As Dunbabin (2013) has noted, the decision to not have a public inquiry was no doubt a political one, official reports are chaired by those in powerful positions; lawyers and judges; in the case of the Corston Report, Jean Corston was a Baroness and former Member of Parliament. Furthermore, the choice to hold a review results in an investigative process, rather than an adversarial, prosecutorial, one. The aims of a review are therefore to identify concerns, distribute responsibilities and to make recommendations for change, which are subject to the discretion of government (Scruton, 2004).

The Corston Report (2007) took place over a nine-month period. The methods deployed were at Corston's discretion, however she was advised to provide a definition of 'particular vulnerabilities', and to focus on women with multiple needs whose 'risk' factors could result in them harming themselves whilst in prison. She was further asked to identify and invite partners and an advisory panel to assist her with her inquiries. As Hedderman (2011) has noted, those most willing to help were largely government officials from the Home Office and the Women's Offending Reduction Programme (WORP).

²¹ See the Prisons and Probation Ombudsman report (2003): *The death in custody of a woman and the series of deaths in HMP/YOI Styal August 2002 – August 2003*.

However, Women in Prison, the Prison Reform Trust, the Howard League for Penal Reform and INQUEST were also included.

Corston noted that she interpreted the term 'vulnerability' liberally, in order to ensure the inclusion of all women in her report that she regarded as inappropriately located in prison, and all those at risk of offending. Her consideration of vulnerability focused on particular 'key' areas, which, according to Corston, resulted in a number of risk factors. These risk factors were divided into three main categories. First, domestic circumstances, such as domestic violence, second, personal circumstances, such as low self-esteem, mental illness, eating disorders and substance misuse, and third, socio-economic factors, such as isolation, unemployment and poverty (Corston, 2007: 15). It is worth stating at this point that throughout her report it was the first two categories that received the greatest attention.²²

During the review process Baroness Corston visited six women's prisons, three community-based women's centres, and one medium secure hospital. She noted that over 250 people contributed to the report. Some 40 meetings were held with individuals and groups working with women in conflict with the law, she thus noted that her primary method was to engage with as many individuals as possible, who had experience of working with women throughout the entire criminal justice system. She further stated that she drew upon research conducted over a thirty-year period; the majority of this was commissioned by the government. As such, as Dunbabin (2013) has noted, it is fair to state that Corston prioritised the voices of officials as opposed to those experiencing/using the services; women in conflict with the law.²³

Corston published her review of women with particular vulnerabilities in 2007. Her review made some important, albeit longstanding,

²² This is an important point to which I shall return.

²³ Whilst Corston was sympathetic to the experiences of women in prison in her review, and does indeed make reference to the interviews she held with them across the country (See Corston, 2007:15), her recommendations for change were, however, drawn from evidence derived predominantly from officials working in/with the criminal justice system (Corston, 2007:i).

acknowledgements about the women's prison population (Elfleet, 2017a). She noted that women in prison were often drug users and/or alcoholics, that they were often victims of sexual and emotional abuse, that they often appeared brash and confident but were nonetheless vulnerable, and that they had self-harmed and had experienced difficulties with their mental health. She further highlighted that they were poor and that they were disproportionately drawn from black and minority ethnic groups. Her review thus reiterated what feminist researchers had been highlighting some thirty years prior to the publication of her review, that women in prison are socially and economically disadvantaged (Smart, 1976; Carlen, 1983; Heidensohn, 1985; Worrall, 1990; Kennedy, 2005; Carlen & Worrall, 2004). She further acknowledged that predominately women's offending remained less serious, and that the increase in the women's prison population was likely the result of a willingness to utilise custodial sentences for less serious offences (Dunbabin, 2013; Elfleet, 2017a; 2017b).

Corston made 43 recommendations which she argued comprised a blue print for "a distinct, radically different, visibly led, strategic, proportionate, holistic, woman-centred approach" (Corston, 2007:82). For Corston, such an approach did not infer that men and women should be treated the same, but that equality was the result of a recognition of the differential needs of men and women, and that this therefore constituted a gender responsive approach (Corston, 2007:3). As such, she recommended that every agency within the criminal justice system should implement the gender equality duty (ibid). This duty would ensure that men and women were treated with equal respect, according to need. She further argued that the duty should encompass notions of fairness and inclusivity (Corston, 2007:24).

Corston further recommended that a mainstreaming of services for women would be more fruitful in reducing their risk of re-offending. She noted that partnerships between agencies would result in joined-up thinking, and would be more efficient in providing services for women. Having noted this she advised that this could not be easily achieved without a 'champion'

for women, who would have sufficient power to oversee and guide the necessary changes (Corston, 2007:37). She further recommended that there should be the immediate establishment of an Inter-Departmental Ministerial Group for women offenders and those at risk of offending. Again, she noted that this should be of a cross departmental structure, and should incorporate WORP (Corston, 2007:48).

Drawing on the Social Exclusion Unit's (2002) report *Reducing Reoffending by Ex-Prisoners*, Corston highlighted the government's response to the report in developing the seven "pathways to resettlement", which focused on the main issues for prisoners on release. These concerns included: accommodation; education, training and employment; health; drugs and alcohol; finance, benefit and debt; children and families; and attitudes, thinking and behaviour (Corston, 2007:41). She recommended that the pathways to resettlement should be carefully coordinated but that, of all the pathways, accommodation was in need of the swiftest reform (Corston, 2007:43). In addition to this she stated that priority must be given to the education, training and employment pathway, noting that life skills were generally missing in offending women's lives:

Respect for one another, forming and maintaining relationships, developing self-confidence, simply being able to get along with people without conflict must come before numeracy and literacy skills. Life skills, for example, how to live as a family or group, how to contribute to the greater good, how to cook a healthy meal, are missing from the experiences of many women in modern society who come in contact with the criminal justice system (Corston, 2007:44, para 4.27, emphases added).

Corston thus argued that acquiring life skills was essential for women, that they represented stepping stones which were vital before they could proceed to vocational accredited courses; higher education and work placements (Corston, 2007:44-45). It would indeed be wrong to assume that this approach was wholly problematic in all cases, since it has long been documented that engaging with education and training in prison is likely to reduce the boredom and frustration (Carlen & Worrall, 2004; Scott & Codd, 2010). However, the issue of teaching independence courses within, and

outside the prison, to socially and economically deprived women highlights an implication of the Corston Report, since such strategies can all too easily mutate into strategies that responsibilise women in conflict with the law (Hannah-Moffat, 2001). Furthermore, as Hannah-Moffat (2001) has noted, when such strategies are tailored to the perceived needs of women, they may become feminized strategies of governance.²⁴ These methods of governance presented in the Corston Report were not new, they thus represented a continuity with prior, historical, gender specific proposals that have prioritised notions of independence and self-sufficiency whilst side-lining the role of structural factors (Hannah-Moffat, 2001; Carlen & Worrall, 2004). As noted earlier, such notions were evident in the work of the 19th century penal reformer Elizabeth Fry.

Corston however importantly highlighted that the number of receptions to HMP Holloway were for a breach of licence, and thus argued that there was a need for greater tolerance with regard to women who failed to attend apportionments due to domestic responsibilities, or underlying difficulties with mental health or self-esteem, which impacted on compliance and their engagement with service providers (Corston, 2007:9). She therefore drew attention to the fact that women were sometimes remanded to custody whilst further information about them was sought. Regarding this Corston stated that sentencers should obtain convincing evidence that a defendant is fit for prison, since it can cause serious damage. In doing so, she importantly reiterated the point that sending a woman to prison for 'her own good', or as a 'place of safety' was highly problematic and should cease (Corston, 2007:9). She therefore called for proportional sentencing, arguing that custodial sentences should only be given for serious and violent offences that pose a risk to the public and recommended that women who are unlikely to receive a custodial sentence should not be remanded into custody.

Furthermore, one of Corston's most radical recommendations was the suggestion that "the government should announce within six months a clear

²⁴ These strategies are explored in greater depth in Chapter Four.

strategy to replace existing women's prisons with suitable, geographically dispersed, small, multi-functional custodial centres within ten years" (Corston, 2007:5). Corston (2007) envisaged that smaller units would provide a real alternative to custody, that they would supervise community sentences, provide support to women at risk of offending and those who had offended, the aim of which would be to encourage women to access support and early intervention (Scott & Codd, 2010).

In addition to this she further recommended that women's community centres were the right way to treat women, stating that "there needs to be an extension of the network of women's community centres to support women who offend or are at risk of offending and to direct young women out of pathways that lead into crime" (Corston, 2007:2). Corston visited three women's centres during her review, and cited specifically the work of Asha and Calderdale as model examples:

I am convinced that women's community centres like Asha and Calderdale, pioneers of a woman-centred approach, have found the right way to treat women and that their work must be extended and built on as a real alternative to prison. *Their broad approach is to treat each woman as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives.* (Corston, 2007:10, emphases added).

For Corston, women's centres acknowledge the impact of victimisation and disadvantage. She thus recommended that the existing Together Women Programme be extended to form a large network of women's community centres, in accordance with a national plan, which should be drawn up by the new commissioner for female offenders and those at risk of offending. However, the notion of treating each woman as an individual so that she is better able to take responsibility for her life is indeed problematic and highlights an underlying problem with the rhetoric of the Corston Report, since it accords with neoliberal strategies of responsabilisation. As Elfleet (2017a) has highlighted, whilst acknowledging three factors contributing to women's vulnerabilities (personal, domestic and socio-economic), Corston predominantly focused on domestic and personal circumstances. Very little

attention was paid to socio-economic, structural factors, which impinge on life opportunities. Such strategies draw attention away from the role of the state, and markets, in producing and exacerbating inequalities (Hannah-Moffat, 2000; 2001; Dunbabin, 2013; Elfleet, 2017; 2018a).

The Government Response to Corston

In December 2007 the government published its response to the Corston Report (2007), the report agreed with the majority of her recommendations. The Gender Equality Scheme was implemented on 1st April 2008 (Corston, 2011:3; MoJ, 2008a:4), and the Government introduced a set of gender specific standards for women's prisons, Prison Service Order 4800, which it was stated would provide regimes and conditions for women that meet their needs (Prison Service, 2008). Further to this, a cross departmental criminal justice women's unit was established, and a more detailed delivery plan for taking forward commitments was published on May 2008 to improve the National Offender Management Service (NOMS) (Corston, 2011:4).; *The National Service Framework: Improving Services to Women Offenders* (MoJ, 2008b:6). An additional £40 million in funding was given to NOMS in order to promote effective community sentences (Scott & Codd, 2010:48; MoJ, 2008a:6), an Inter-Ministerial Group was established and a Ministerial Champion (Maria Eagle) was appointed for Women and Criminal Justice (Corston, 2011; MoJ, 2008a).

The government further agreed with Corston's recommendation that further work was required to ensure that prison regimes for women were appropriate and effective. The government stated that there was a clear need to introduce training for staff working with women, to create programmes that were specifically designed for women, such as the CARE programme, for those with experience of domestic violence, mental health problems, self-harm, substance misuse problems and relationship issues (MoJ, 2008a). It was also noted that the improvement of custodial regimes for women should

include the removal of women prisoners from custodial units holding men, and for the provision of two new prisons for women; HMP Bronzefield and HMP Peterborough. It was noted that this would work towards addressing Corston's (2007) concern that for those women who do need to be in custody, prisons should be designed properly to serve their needs (MoJ, 2008a:7). The government additionally acknowledged that they would establish gender specific training for non-specialist staff in primary mental health/wellbeing interventions by February 2009 (MoJ, 2008a:8).

As noted, the majority of the government's responses to the Corston Report were positive. However, Corston's recommendation that women not be remanded to custody if it was unlikely that they would receive a custodial sentence was dismissed. The government stated that "it would not be appropriate to amend the Bail Act to the effect that custodial remands should never be used in cases where it is unlikely to lead to a custodial sentence" (MoJ, 2007:20), no further justification was provided on the refusal to act on this recommendation (Dunbabin, 2013; Elfleet, 2017a).

In addition to this, Corston's most radical and progressive proposal, that over a ten-year period women's prisons be replaced by smaller local units, and staffed by women, for those who required custodial sentences of two years or more, was side-lined. Whilst the government stated that the underlying concept of the small custodial units should be taken as far as was possible, and considered when accounting for the further development of the women's penal estate, the general model of the units was not accepted as the most appropriate strategy. The government stated that the recommendations of its Working Group had identified key weaknesses with the units. They thus suggested that smaller units within existing women's prisons would be preferable since they would be better equipped to provide the support needed to vulnerable women (MoJ, 2008a:11). This suggestion was sadly ironic since this was the precise structural arrangement that HMP Styal had in place at the time of the six controversial self-inflicted deaths of women between 2002 and

2003,²⁵ which instigated the Corston Report (2007). Despite this, the Working Group referenced the perceived success that similar methods had for women in New Zealand and Canada. They stated that their recommended approach would allow for multi-functional support provision, and that it would further provide a suitable environment to maintain family links and support resettlement. The primary objection to Corston's proposal was that small units would be insufficient in providing services for a small number of women; some 20-30. The provision of training facilities, of kitchens, education, drug treatment and offending behaviour programmes were noted to require "a certain economy of scale" (MoJ, 2008a:12). It was therefore further deduced that small units would be unable to provide these services, and that these services were essential to women with complex needs (ibid).

Furthermore, Corston's recommendation that women who were unlikely to receive a custodial sentence should not be remanded into custody (Corston, 2007) has not been realised:

On 31 March 2018, 15% of women in prison were held on remand. This can be due to a lack of available appropriate accommodation for them, rather than because their risk profile or offence type necessitates it. For example, almost nine in ten women held on remand are low or medium risk of serious harm (MoJ, 2018:18).

It thus remains that many of the fundamental arguments and proposals made by Corston were side-lined. It is contended that one of the most significant reasons for this lack of engagement with Corston's more progressive proposals can be located in the very rhetoric of the report. The Corston Report reflected official discourse on women's imprisonment prior to its publication, that the solution to women's offending is primarily the responsibility of the individual woman.²⁶ Her primary focus on individual responsibility, rationality and choice as solutions to the hardships experienced by women in conflict with the law thus represented continuity with prior gender specific proposals for women in conflict with the law. Women's needs

²⁵ The Waite wing was fenced off from the rest of the prison.

²⁶ For example, see: The Wedderburn Report (2000); and The Women's Offending Reduction Programme (WORP) (Home Office, 2004).

have consistently been characterised as criminogenic risk factors, and the solutions to these hardships have invariably been represented the responsibility of the sole woman, primarily in terms of compliance with 'gender specific' programmes designed to enable her to take responsibility for her life. As Corston noted with regard to the vulnerabilities experienced by women, her solution to these hardships was to suggest that they "must be addressed by helping women develop resilience, life skills and emotional literacy" (Corston, 2007:2, para.1, Emphases added).

As Elfleet (2017) has noted, Corston (2007) replicated and reinforced the language of previous official discourse. Discourse that conflated women's needs with risk, whilst also relying upon the dual neoliberal strands of individualism and personal responsibility. It is therefore perhaps unsurprising that her more radical and progressive proposals were set aside, whilst those that accorded with a neoliberal agenda were taken on-board, for example, the further extension of community provisions for women that responsibilise and normalise women back to acceptable 'normal' standards of female conduct (Carlen, 1983; Heidensohn, 1985; Dobash et al, 1986; Worrall, 1990; Hannah-Moffat, 2001). Corston's reliance on discourses of responsibilisation, through a focus on notions of resilience and life skills as essential for women to live law abiding and meaningful lives, draws attention away from the lived realities of social and economic marginalisation, and the role of the state in generating these conditions. Such a strategy therefore supports neoliberal methods of governing from a distance, whereby self-reliance and individual responsibility are hailed as effective strategies for women in conflict with the law to improve their own lives, with state 'support' in learning how to do so (Hannah-Moffat, 2001; Carlen & Worrall, 2004).²⁷

²⁷ These strategies are outlined in detail in Chapter Four.

As Bell (2013) has noted, neoliberalism should be considered not only in terms of its economic dimension: market deregulation; lowering levels of corporate income tax for the wealthy; and privatisation of national assets, but also in terms of its social, political, legal and cultural aspects. Crime is constructed as a moral problem, as opposed to a structural one and, as a result, it is regarded as the outcome of the behaviour of an irresponsible minority of the population who, it is deemed, should take responsibility for their actions. As noted, these central neoliberal themes were clearly evident in the rhetoric of the Corston Report.

As Cooper and Sim (2013:189) have contended, during the 1980s and 1990s, Conservative political agendas supported and reinforced 19th century anti-poor, "social residuum" discourses, through the presentation of those in receipt of support as idle, evoking notions of a category of persons unable to assimilate a work ethic, and who were happy to live idly off the labour of others. Individuals were thus constructed as rational actors who were able to divert themselves from poverty through perseverance and determination to succeed. Individualism was undoubtedly a central theme in terms of ensuring that people were deemed to be responsible for themselves. Those who did not succeed were left to struggle as welfare support was dramatically reduced, labour markets were restructured, and lines of defence for workers were minimised through the reduction of trade union rights. Inequality was therefore supported and furthered (Bell, 2013; Cooper & Sim, 2013).

The construction of women's crime as a moral problem has long been in existence. There is ample evidence to suggest that welfare policies and penal institutions have combined to form a systematic mode of gender responsive governance, largely directed at those who are socially and economically marginalised (Hannah-Moffat, 2001; Copper & Sim, 2013). Successive governments have reinforced and legitimated the notion that socially and economically excluded groups are deserving of punishment, not only through

penal sanctions, but also through the removal of welfare support for those who break the law (Cooper & Sim, 2013).

However, as noted, the increasing role of the private and voluntary sector in offender management has resulted in the expansion of organisations working with female offenders, and those at risk of offending. This is significant since one of the main successes of the Corston Report (2007) is deemed to be the establishment of further women's centres and one-stop shops. Thus, post Corston there has been a more evident focus on the ability of gendered specific programmes, primarily women's centres, as part of a government strategy, to work with female offenders, and those at risk of offending.

Whilst the number of women's centres established post Corston Report has generally been considered modest, they are nonetheless frequently considered to be essential in terms of the "positive impact they have on service users" lives and in contributing to crime prevention (APPG, 2016:1). It has been further noted that this impact is seen in a limited number of alternate services, making women's centres unique and statistically significant. Despite these positive assertions about women's centres, their future is deemed to be uncertain. As the APPG (2016:2) note, in the years since the publication of the Corston Report, whilst a moderate number of new women's centres have been established, they are "hampered by instability due to short-term funding". This has been attributed to recent funding changes and government policy. Thus, for example, it has been noted that the implementation of austerity measures by the coalition government has created a climate of funding instability which has placed a significant burden on the voluntary sector (Corcoran et al, 2018).

As Corcoran et al (2018) have highlighted, it was notably the first decade of the 21st century that represented a 'high-point' for interaction between the government and the voluntary sector. So, despite the language of

David Cameron's Big Society project,²⁸ relationships between the government and the voluntary sector have since toughened in direction and tone (Corcoran et al, 2018). As Corcoran et al (2018) argue, in terms of direction, whilst fiscal reduction and austerity measures²⁹ were banded as an opportunity for further outsourcing of custody and resettlement services, a clear message to the voluntary sector since then has been one of conditional participation, with participation being dependent on compliance with market rules. As such, this has marked a further shift to 'mixed markets', with greater stress applied to the voluntary sector to be more commercial and less reliant on public funding. This as noted earlier, has further impacted the ability of voluntary sector agencies to maintain their own original values and aims. In terms of tone, Corcoran et al (2018) note that following the departure of Michael Gove as Minister of Justice in 2016, no significant speech or initiative incorporating the voluntary sector has since emerged. There thus appears to be a deterioration of the relationship between the voluntary sector and government, which reflects a traditional "conservative view of the 'private' nature of philanthropy, allied with greater intolerance towards public advocacy, or what governments increasingly regard as illegitimate criticism of lobbying from the charitable sector" (Corcoran et al, 2018: 190).

In addition to these concerns, further problems for the current generation of women's centres, post-Corston, relate to implementation of the Coalition Government's papers *Breaking the Cycle* (MoJ, 2010) and *Transforming Rehabilitation: A Strategy for Reform* (MoJ, 2013).³⁰ Both stressed the role of the voluntary sector in payment-by-results (PbR) contracting (Tomczak, 2017a), which is a mode of contracting that proposed to reduce public expenditure so that "the taxpayer will only pay providers in full

²⁸ This was stated in 2010 to be the government's vision to 'empower' local people and communities, to encourage voluntary community work, and to support charities and social enterprises.

²⁹ A phase of public sector cuts to reduce expenditure, implemented by the coalition government in 2010.

³⁰ *Transforming Rehabilitation* (TR) was the government's flagship justice policy, which initiated the part-privatisation of probation services (Roberts, 2017).

for those services that actually deliver real reductions in reoffending” (MoJ, 2013:3). As Plechowicz (2015:130) has noted, a key concern associated with PbR, “which, by its nature, does not fit well with female offenders or women’s centres”, is that since female offenders represent a minority caseload of offenders for Community Rehabilitation Companies (CRCs), the level of demand is such that female offenders are undesirable in terms of making fast and easily gained profits.

Additionally, whilst attendance at women’s centres is generally voluntary, in some cases it is enforced via Rehabilitation Activity Requirements (RARs), specifically within those centres that have active partnerships with probation services. As Plechowicz (2015:125) has observed, this has raised concerns regarding the “enforcement or coercion of engagement with women’s centres” since voluntary attendance is generally considered crucial to the support of female clients and establishing rapport with project workers. As such, women’s centres, such as TWC, may be involved in enhanced practices of measuring success in order to effectively evidence their ability to reduce reoffending and thus compete in PbR environments. It is thus unlikely that the statements of clients, in terms of any positive impacts on their lives, are likely to be deemed sufficient evidence of success (Plechowicz, 2015).

It is a central assertion of this thesis that TWC replicated and reinforced the formal and informal modes of regulation discussed throughout this chapter, and thus that it primarily represented a continuation of prior gender responsive programmes. Whilst the relationship between the state and the voluntary sector is complex and nuanced, later chapters will highlight that TWC, as a voluntary sector organisation involved in criminal justice, had aligned its primary aims with those of the state. This, as is discussed in Chapter Seven, was primarily linked to the need to remain financially sustainable and viable in an increasingly competitive market of criminal justice service delivery. As such, the thesis contends that TWC constitutes an extension of neoliberal gender responsive strategies that aim to regulate the conduct of

‘deviant’ women; in the case of this research formerly imprisoned women with mental health problems (Foucault, 1977; Cohen, 1985; Cooper and Sim, 2013).

Chapter Three: Mental Health & the Imprisonment of Women

It is important to state that the overall intention of the chapter is not to formulate a precise definition of mental health.³¹ The chapter instead aims to explore the complexity of, and tensions in, existing definitions. It is thus acknowledged that there are competing discourses striving to give meaning to what we understand by mental health problems. As such, the chapter considers official modes of categorisation, through a focus on the psycho-medical approach to mental health, before considering the opposing view which contends that mental health problems are social constructs. In addition, the impact of, and responses, to mental health problems in the community and in prisons in England and Wales are considered. The chapter thus considers the experience of mental health problems in both contexts and outlines recent policy developments in relation to both. An exploration of this is important in terms of the overall experience of mental health problems, and to generate an understanding of the impact of imprisonment on them. Finally, the chapter further critiques the neoliberal discourse deployed within the Corston report, as identified in the prior chapter, and considers the implications of discourses of responsibilisation for formerly imprisoned women with mental health problems. These considerations are important, since the connection between mental distress and imprisonment is significant, as evidenced by the controversial self-inflicted deaths of six women in HMP Styal in a 12-month period, which instigated the Corston Report. It is thus contended that notions of individual 'mental' resilience, and responsibility can be utilised by neoliberal gender specific governance strategies to render women with mental health problems solely responsible for the circumstances of their lives, whilst ignoring the structural factors which exacerbate the experience of mental health problems. Furthermore, it has long been acknowledged that mental health problems are a significant issue among women prisoners (Carlen, 1983;

³¹ Such a task, whilst arguably being epistemologically naïve (Seddon, 2007), would detract from the overall objective of the thesis, which is to provide an analysis of the experiences of formerly imprisoned women with mental health problems.

Sim, 1990; Scott & Codd, 2010; Corston, 2007). As Corston (2007) has noted, as many as 70% of sentenced women experience at least two mental health problems. These considerations were one of the main reasons for focusing on this group, and were vital for the thesis since all 14 formerly imprisoned women who took part in this research acknowledge experience of mental health problems prior to their imprisonment, with many women further acknowledging that their mental health problems were directly related to their criminalisation and subsequent imprisonment.³²

It is important to state that whilst the medical model refers to mental health difficulties in terms of illness or disease, the author prefers the phrasing mental health *problems*. As Scott & Codd (2010) have acknowledged, such terminology recognises that a problem truly exists for the person experiencing it. Furthermore, since the use of the term illness tends to infer that disease is present, the use of the word 'problems' is preferable since it acknowledges that treatment, such as medication, may not always be the most appropriate response to these issues.

Confining the 'Mad': A Brief History

Mental distress in the first half of the 18th century was understood as the result of divine retribution, witchcraft, astrological influences and humoral imbalances (Macdonald, 1981; Coppock & Hopton, 2000). At this time societal responses to the 'mad' did not involve their confinement within institutions designed to separate them from the rest of society. They were instead incorporated within a much larger category of morally disreputable and poor persons; a group which also included vagrants and minor criminals, the physically handicapped, and their more affluent counterparts, who were largely dealt with by their families (Scull, 1993).

In England, by 1800, the majority of the 'mad' who were confined were largely contained within private asylums "operating for profit within the

³² These considerations are further unpacked in Chapter Six.

market economy in what was crudely termed the trade in lunacy" (Porter, 2002:95). The early history of these institutions is not clear, not only since families wished to avoid the stigmatising impacts of publicity, but because it was only from 1774 that these institutions, in England, were required to be legally licenced. Porter (2002) contends that by 1800 licensed private madhouses totalled around 50 in number, and contained no more than 5,000 people. However, he highlights that there were as many contained within workhouses, bridewells and jails. Conversely, Foucault indicated a much earlier timeframe of mass incarceration of the 'mad'. In his text *Madness and Civilisation*, he suggested that the network of workhouses established from the 1630s, and private madhouses in the 1660s, constituted a "great confinement" (Foucault, 2001:35), where the 'mad' were rounded up in an "undifferentiated mass" (Porter, 1987:6). Others, like Porter (2002) have however argued that this occurred at a much later date, particularly in England (Scull, 1993; Seddon, 2007). There is a general consensus that the spread of work houses, asylums and madhouses was far more significant in the middle of the 18th century and that, throughout Europe, it was the 19th century that saw significant rises in the number and scale of mental hospitals. In England alone, patient numbers rose from approximately 10,000 in 1800 to 100,000 in 1900 (Porter, 2002:112). These increases were attributed to the endorsement of the notion that the 'mad' were a clear identifiable social problem. Thus, responses to the 'deranged' experienced dramatic changes between the mid-18th and mid-19th centuries. Their ailments, whilst previously not regarded as a type of deviance, were increasingly viewed as a distinct category within problematic populations. They therefore found themselves contained within a specialised, bureaucratically organised, state supported asylum system that "isolated them both physically and symbolically from larger society" (Scull, 1993:1). Now recognised as a category of deviance, amongst many others, the ailments of 'the mad' were viewed as medical problems and thus their treatment would be managed by a new group of individuals 'the mad doctors' (Coppock & Hopton, 2000).

These emerging positivistic, bureaucratic and professional mentalities extensively invested in institutional solutions and thus, in addition to asylums, hospitals and workhouses, prisons were considered suitable locations to contain and solve the social problems generated by demographic change, urbanisation and industrialisation (Porter, 2002:112). As noted in the previous chapter, in terms of women's psychiatric treatment, the mad doctor constructed elaborate explanations which purported that women were more susceptible to insanity; their biological differences to men were considered as the primary cause of their maladies. For Showalter (1987:137) "English psychiatric treatment of nervous women was ruthless, a microcosm of the sex war intended to establish the male doctor's total authority". She further proclaimed that asylum populations largely comprised women, and that they were confined at a disproportionate rate when compared to their male counterparts. Whilst Showalter has been criticised for exaggerating the statistical significance of these gendered disparities, her contentions were not wholly without legitimacy, as Scull (1989:271) notes:

The assertion that our culture somehow equates madness and the female species is not without foundation; and our organized response to these maladies repeatedly turn out to be influenced, in ways both gross and subtle, by questions of sexuality and gender.

Whilst it is not the intention of this chapter to write a history of the confinement of the mad, a consideration of the historical context of this confinement is undoubtedly important when considering contemporary responses to, and definitions of, mental health problems.³³

Current Definitions of Mental Disorder: The Medical Model

Currently the definition of mental disorder, as stated within the Mental Health Act 2007 is "any disorder or disability of mind" (DoH, 2007:1). The term mental disorder, most frequently termed mental illness, is argued to include incomplete or arrested development of the mind; and psychopathic

³³ For a history of the confinement of the 'mad' see: Scull (1993), Porter (2002), & Seddon (2007).

disorders (Littlechild, 2005). Thus, the Royal College of Psychiatrists (RCP) (2016) has noted that schizophrenia; bipolar disorder; drug-induced psychosis; personality disorder; depression; anxiety; and post-traumatic stress disorder are all included in the remit of the definition. Clearly the most immediate concern with the definition provided within the Act is that it is extremely broad, and can thus include an infinite number of issues (Peay, 2011).

There are however two classification systems for the diagnosis of mental disorder, The World Health Organisation's *International Classification of Diseases, Edition 11* (ICD-11),³⁴ and The American Psychiatric Association's *Diagnostic and Statistical Manual*, 5th Edition (DSM-V). The ICD-11 has numerous categories of disease, with mental and behavioural disorders included among these. The DSM-V relates specifically to disorders that are treated by American psychiatrists and clinical psychologists, since it is the product of those professional bodies (Peay, 2011). It is important to state that the Mental Health Act (2007:2) does not consider alcohol and drug abuse as mental disorders.³⁵ The Act clearly states that "dependence on alcohol or drugs is not to be considered a disorder or disability of the mind". Therefore, there are no grounds within the Act to detain someone in hospital, or by other measures, because of drug or alcohol dependence alone. However, the Department of Health's Code of Practice (2015) outlines the situations in which dependence on either of these substances may bring someone within the definition of mental disorder. Alcohol and/or drug dependency may be associated with, or accompanied by, a mental disorder that falls within the definition provided by the Act. Thus, if the criteria are met, the Act states that it is possible for individuals to be detained, if they are suffering from (a) mental disorder(s) and are dependent on drugs and/or alcohol. The Code of Practice (2015:27) further states that "this is true even if the mental disorder results from the person's alcohol or drug dependence". The Code furthermore notes that the Mental Health Act does not exclude other disorders of the mind

³⁴ ICD-11 was published in June 2018.

³⁵ Many of formerly imprisoned women taking part in this research acknowledged their use of drugs and/or alcohol was a mechanism for managing unwanted thoughts and feelings.

which are associated with drug and/or alcohol use, such as: withdrawal states with delirium or association with psychotic disorder; acute intoxication; and organic mental disorders which are associated with sustained abuse of drugs or alcohol. Thus, medical treatment through the Act, including treatment with consent, may involve treatment to address dependence on drugs and alcohol, which is appropriate for the treatment of the primary focus, the mental disorder. The RCP (2016) have stated that individuals with substance misuse problems and mental ill health are often considered to have a 'dual diagnosis', since substance misuse can exacerbate and even cause the symptoms of mental disorder. They furthermore argue that the link between the two should not be understated since individuals experiencing mental health problems may use drugs and/or alcohol as a means of blocking out the symptoms of mental illness.

Definitions of mental health have been added to over time, with various attempts, often by psychoanalysts,³⁶ to describe mental health positively, whilst others, for instance social psychologists, have stated that the term is vague and ambiguous.³⁷ The World Health Organisation (WHO) argues that mental health is far more complex than simply an absence of mental distress. Good mental health, according to WHO (2001), can be associated with a positive sense of wellbeing and an ability to lead a productive and fulfilling life. Undoubtedly, we all have mental health needs, whether we are in receipt of a diagnosis of mental health problems, or not. However, fundamentally, defining mental health has been particularly difficult when one considers that it is not by any means an easy task to draw a definitive line between normal and abnormal states of mind. Quite clearly acceptable behavioural norms change over time and place, and this is undoubtedly an undermining factor in any attempt to draw such a line. Clearly, what is acceptable or 'normal' in one society may not be in another. There is therefore an impermanent line between

³⁶ See Kubie (1954).

³⁷ See Jahoda (1958).

what we may think of as mental health and mental 'abnormality' (Pligrim, 2009).

Mills, Kendall, Lathlean & Steel (2013) further note that official current classification systems of mental health, such as the DSM-V, are wholly reliant on the medical model of mental health problems. Diagnosis of mental illness within this framework is dependent on ensuring that the patient meets the criteria of the DSM. They furthermore note that symptoms are regarded as biological or psychological dysfunctions of the individual, as opposed to seeing such symptoms as expected/rational responses to traumatic life events, such as bereavement.³⁸ Thus, the medical model approach to mental health is primarily pathologising in that it is the individual who is deemed to have departed from a 'normal' state of mental wellbeing. 'Mental illness' is therefore, quite clearly, a complex and contested concept. One of the most stringent critics of this concept is Thomas Szasz.

Mental Health Problems: A Social Construction?

In his text *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, Thomas Szasz stated a clear intention to pose that there was no such thing as mental illness. This is an assertion that he has recently acknowledged was more plausible to assert at the time of publication, in 1961, than it is today. Regardless, Szasz still contends that "mental health illnesses are fictitious illnesses" (Szasz, 2010:xii). Whilst acknowledging that this assertion is not based on any scientific research, he argues that the same criticism can be levelled against those who claim that mental illnesses are diagnosable disorders of the brain (Szasz, 2010).

Szasz (2010) has argued that the concept of mental illness developed as a means of categorising behaviour. He contends that it is possible for a person to behave in a manner which indicates that they are ill, whilst not displaying

³⁸ Thus, this is a further justification for preference in the use of the term mental health problems, as opposed to illness.

any physical characteristics of bodily illness. However, unlike other forms of bodily illness, mental illnesses are not as readily admitted to by those deemed to be suffering from them (Szasz, 2010). Bodily illness is largely treated with the consent of the patient, whereas mental illness is often likely to involve treatment where consent is not given; usually through the legal provisions of the Mental Health Act (1983; 2007), whereby a person can be sectioned/hospitalised without consent for their 'own good'.

Cochrane (1983) has argued that women are one and a half times more likely than their male counterparts to be hospitalised for mental illnesses. He argues that this is a result of gender based stereotypes, whereby femininity has historically been associated with mental instability to a far greater extent,³⁹ and thus social differences are instrumental in determining who is likely to be labelled mentally ill. Feminist researchers have thus contended that the overrepresentation of women in mental health statistics can be attributed to the vulnerability of women to psychiatric labelling. When women fail to conform to the normative standards of femininity, outlined in the prior chapter, they are far more likely to be labelled 'mad' (Chesler, 1972; Rogers & Pilgrim, 2014).

Mental illnesses, for Szasz (2010), can thus be thought of as a human defined concept for the purposes of legitimating repressive state practices, which infringe upon the civil liberties of those defined as 'mentally ill' in order to remove unwanted sections of the population (Scott & Codd, 2010). A Szaszian conception of mental health problems views them as purely the products of social labelling. From this perspective mental health problems are considered social constructs, and thus the application of the category 'mental illness' is deemed to be greatly affected by the determining contexts of race, age, gender, and class (Cochrane, 1983; Rogers & Pilgrim, 2014).

Szasz (2010) further argues that his dissatisfaction with the notion of mental illness stemmed from the seemingly vague and unpredictable nature

³⁹ See the previous chapter for a more detailed consideration of these issues.

of the term, a perfectly plausible sentiment given the prior outlined concerns. Thus, whilst mental ill health is deemed one of the primary concerns affecting health in society, it has been argued to be far too freely used; as such the term is considered to be heavily loaded and ambiguous (Szasz, 2010). However, as Scull (1993) has noted, the Szaszian approach to mental health implies that mental alienation is purely a social construction and is solely the product of arbitrary scapegoating; assertions which he argues to be unqualified. Scull (1993:5) further adds that to contend that the categorisation of mental illness is purely a method of social control, would suggest that psychiatric practitioners are “no more than concentration camp guards or manufacturers of madness”. This is a claim that he argues to be as misleading and simplistic as the opposite, that practitioners are “benevolent and disinterested purveyors of humanity and science” (Scull, 1993:5). Szasz however was not alone in his assertions, Foucault (2001) similarly stated that mental ill health should not be understood as a fact, but should instead be understood as a cultural construct, which was sustained by numerous administrative and psycho-medical practices (Porter, 2002).

However, as Cochrane (1983:1-2) has argued, it would be more plausible to acknowledge that biological factors may affect the extent to which certain persons are vulnerable to mental illness, but also that the social situation of an individual is likely to have a profound impact on whether their behaviour will come to be defined as problematic, and deemed to require control. As Scott & Codd (2010: 19) note:

Whether a person is designated as being ‘mentally ill’ or not is dependent on a number of contingencies regarding where action occurs; the representative power, status, respectability of the audience; and the ease with which an alleged person may be distanced (Scott & Codd, 2010:19).

Thus, whilst this is clearly an important point, it should be acknowledged that assertions that mental health problems are purely social constructions run the risk of denying the *reality* of mental ill health and the actual lived experience of those with such problems (Scott & Codd, 2010).

Thus, following Scott & Codd (2010), it is my contention that it seems far more likely and plausible to acknowledge that mental health problems have physical manifestations and causes as well as having social dimensions.

The effects of mental health problems on those experiencing them are, regardless of the outlined tensions in its definition, a reality.⁴⁰ The personal experience of the loss of freedom; life opportunities; education and work satisfaction should not be dismissed. As Bolton (2008) notes, typically those with mental health problems experience anguish and confusion. For some, mental health problems present a risk to others, since the behaviours of those experiencing them are often considered to deviate from the normative standards of conduct. As Bolton (2008) notes, these deviations are the starting point for the involvement of mental health services and labelling, via the application of a medical diagnosis. Whilst there may be some positive outcomes from these actions, for instance the provision of care and appropriate treatment that minimises the experience of anguish and confusion, Bolton (2008) notes that this process of labelling also arrives with negative consequences, since the individual's mind is in question.⁴¹ These negative connotations outweigh any potential positives, since a mental ill health diagnosis is based on a presumed deviation from a 'norm'. This categorisation of abnormal may be associated with the notion that those with mental health problems are 'not like us' and, at the extreme, that they present a risk to the safety of those categorised as 'normal'. "To this extent the attribution of mental disorder is essentially socially excluding" (Bolton, 2008:xiv).

Bolton (2008: xv-xvi) has however stated that the medical model of mental disorder may not be entirely negative, specifically since responsibility is not assigned to notions of 'illness' or 'damage'. Bolton (2008) has suggested

⁴⁰ For a comprehensive consideration of the tensions and difficulties involved in defining mental disorder, particularly in relation to medical and sociological debates, see Bolton (2008).

⁴¹ As Seddon (2007:13-14) has noted, such processes can facilitate dividing/separating practices; whereby those individuals deemed to be 'abnormal' are separated from the 'normal' majority of society.

that outside of the medical model mental illness may be assumed to be the problem of the inadequate, sinful, irrational, or immoral person. They are problems that are not inflicted on a person, but are problems that one is deemed morally responsible for. Whilst these assertions might seem plausible, they are however highly contestable in penal contexts since, as Sim (1990:167-169) has highlighted, throughout history the medical model has been highly successful in applying responsibility to those defined as 'abnormal', or mentally 'unstable'. Since positivistic/medical model orientated approaches tend to individualise problems, the solution to poor 'mental health' is largely purported to be the responsibility of the individual, who is deemed to have made inappropriate life choices, a point to which I shall later return.

Thus, to reiterate, whilst we should not dismiss the view that mental health issues are likely to have physical manifestations and causes, it is important to acknowledge that mental health problems should be understood "through a consideration of historically specific socio-economic, legal and political intersections" (Scott & Codd, 2010:19). This is undoubtedly an important point when considering the impact that mental health problems have on the lives of those experiencing them.

Mental Health, Poverty & Austerity

According to the *Mental Health Foundation* (MHF) mental health problems are considered as one of the main causes of the burden of disease worldwide. In the UK, they account for "28% of the total burden, compared to 16% each for both cancer and heart disease" (MHF, 2015:7). It is estimated that one in four people will experience mental health problems in any given year. Despite this acknowledgement, nearly three quarters of all people experiencing mental health problems receive no treatment (MHF, 2015:5).

Stigmatisation is thus regarded to be one of the greatest issues facing individuals with mental health problems (Goffman, 1990; MHF, 2015), and is often perceived to be a fundamental factor impacting on willingness to

disclose problems. As MIND (2011) has acknowledged, many individuals experiencing mental health problems fear disclosing their problems due to the concern that the stigma applied will have an adverse effect on life opportunities; ultimately resulting in their disqualification from full social acceptance (Goffman, 1990). These concerns are certainly not without foundation. In 2009, a survey by the anti-stigma campaign *Time to Change*, led by MIND and *Rethink Mental Illness*, found that 92% of the British public were of the opinion that admitting to having a mental health problem would damage a person career prospects.⁴² In addition, of the 2000 respondents surveyed, 56% stated that even if the individual was the best candidate for the job, they would not knowingly employ someone with depression.

Whilst mental health has officially been deemed essential for general health, for example within key strategy documents such as *No health without mental health* (HM Government, 2011), services for mental health within the UK are overstretched and underfunded. For those attempting to access services waiting times are long, with some regions altogether lacking required specialist services.

Unsurprisingly the MHF (2015) have highlighted that poverty, physical health, lack of participation in meaningful activities, and discrimination, are all factors related to the experience of mental health problems. They argue that common mental health problems, such as depression and anxiety, “are distributed according to a gradient of economic disadvantage across society”. Individuals from areas experiencing deprivation and disadvantage are thus disproportionately affected by mental health problems (MHF, 2015:9).

Following the financial crisis of 2007/8 people in the UK were forced to endure the full force of austerity measures as the Coalition government in 2010 implemented a phase of public sector cuts (Cooper & Whyte, 2017). These cuts were experienced in terms of job losses, employment security and wages, and the loss of services and housing. As these punitive cuts were implemented

⁴² The survey was undertaken between 31 July and 3rd August 2009, the sample size was 2,082 adults; see Mind (2011:10) for further detail.

throughout the UK, the cost extended beyond materials losses. Individuals “paid the price with something much more valuable, their mental health” (O’Hara, 2017:35).

As WHO (2014:16) have noted, “a two-way relationship exists between mental disorders and socio-economic status”. There is therefore a relationship between financial turmoil and poor mental health. The serious impacts of the financial crash were seen throughout the European Union after 2007/8. Suicide rates after the crash dramatically increased, rising by 6.5% in 2009. In the USA rates increased by 4.8% over the same period (O’Hara, 2017:35). In the UK the financial strain following the crash was also considered a significant factor in rates of suicide (McVeigh, 2015; O’Hara, 2017).

Debt, austerity and unemployment are considered to be significant factors in the rising number of British men taking their own lives since 2008. As O’Hara (2017) has noted, there have been approximately 1,000 extra deaths from suicide and in the region of 30-40,000 additional suicide attempts between 2008-2010. Thus, following the economic downturn, the prior trend of declining male suicide rates was reversed. Undoubtedly, for those already experiencing mental health problems the impacts of the financial crisis generated disproportionate suffering, since funding for services, including mental health service provision, was reduced or removed completely. Alongside this the significant risk of job and home losses following the financial crisis undoubtedly generated significant uncertainty and suffering (O’Hara, 2017).

Government welfare policies have become increasingly punitive as opposed to supportive. In 2015 one million people receiving either Jobseeker’s Allowance (for the unemployed) or Employment and Support Allowance (for the disabled) were sanctioned by welfare agencies for infractions which included missing a job interview (for reasons which were often serious, such as the unexpected death of a relative), or for refusing a job (which included those with zero-hour contracts) (Scott, 2016). It has further been suggested that

“there may well be thousands of deaths related to benefit cutbacks and austerity measures in recent times” (Scott, 2016; 149).

Despite the noted statements from successive government’s regarding a commitment to improving mental health care, these services were not exempt from cuts implemented by austerity policies. In recent years funding for adult mental health has been significantly reduced. Data from 2013/14 and 2015/16 indicates that around 40% of mental health trusts experienced continuing, year-on-year, cuts to their budgets (Gilburt, 2016). Comparing budgets for 2010/11 with the year 2014/15, the reduction totalled 598 million pounds, equating to an 8.25% cut to budgets. The impacts of this for those experiencing mental health problems are significant. Limited service provision has resulted in the turning away of those seeking help when they are most needed (Buchanan, 2015).

Furthermore, the Rehabilitation for Addicted Prisoners Trust (RAPt) (2015:3) have noted that whilst all leading political parties have acknowledged that the provision of mental health care is “the poor cousin of physical health care”, and have subsequently stated that they are committed to improving services,⁴³ mental health research receives only 5.5% (£115 million) of UK research funding spent on health (MHF, 2015). Mental health services in the UK are clearly underfunded, receiving only 13% of the NHS budget “whilst mental ill health is acknowledged to be responsible for 23% of the loss of years of healthy life caused by illness nationwide” (O’Hara, 2017:37).

In addition, the Office for National Statistics (ONS) (2015) noted that approximately 4.6 million people in the UK, between 2012 and 2015, were experiencing persistent poverty. Persistent poverty is defined as the experience of relative low income within the current year, as well as at least two out of the preceding three years. It was acknowledged that the UK has the 13th highest poverty rate (at 16.7%) of 28 EU countries and that, between 2012

⁴³ Importantly RAPt (2015:3) have acknowledged that no such obvious commitments have been made with regards to mental health provision in prison, despite an alarming increase in self-inflicted deaths during the time of their report; which totalled 141 deaths in prisons in England and Wales in 2014.

to 2015, roughly three in ten (30.2%) of the population were at risk of poverty for at least one year. Within this data it was noted that a higher proportion of women (8.2%) were considered to be persistently poor than men (6.3%), a “trend which has continued since data became available in 2008” (ONS, 2015:2). It should be of considerable concern then, as Durcan (2008) has highlighted, that the vast majority of prisoners are drawn from the most deprived areas of Britain, and that the majority of prisoners have experienced social exclusion and poverty.

Mental Health and Imprisonment

From interviews with 98 prisoners, across five separate prisons in the West Midlands, *The Sainsbury Centre for Mental Health* (SCMH)⁴⁴ sought the details of prisoner’s lives prior to their incarceration.⁴⁵ These interviews included those with histories of severe mental health problems, and those with moderate mental health issues. Their general findings highlighted that many of the prisoners interviewed had: lived in deprived areas; experienced turbulent childhoods, which were related to separation from parents; experienced the death of a significant other; spent time in local authority care; experienced disrupted education/schooling; and had a family or personal history of substance misuse. Furthermore, Durcan (2008:21) notes “it appeared that community mental health services had failed to engage with many prisoners in the past”. Of the prisoners interviewed many had mental health needs before going to prison, but had not been able to access services.⁴⁶ Durcan (2008) states that for many young persons, whose medical notes included records of failed contact with mental health services, there was a lack of recognition with regards to the ability to respond to referral letters (for Child

⁴⁴ See Durcan (2008).

⁴⁵ This included male and female prisoners, some remanded others sentenced and facing long sentences.

⁴⁶ For further details on this issue see Farrell, Boys, Singleton, Meltzer, Brugha, Bebbington, Jenkins, Coid, Lewis & Marsden (2006). Farrell et al (2006) state that in the 12 months prior to incarceration the majority of the prisoners interviewed in their study reported they were not able to gain help from mental health services.

and Adolescent Mental Health Services, CAMHS, support). Thus, chaotic life circumstances and the issue of illiteracy were largely not considered. One interviewee of the study further noted:

When I was really ill I never opened my mail for an entire year...it wasn't that I didn't want help...just that sending a letter was not the right way to get through to me (Durcan, 2008:24).

Mental health problems are often associated with poverty, unemployment, homelessness and drug taking, and as such it should be acknowledged that "sufferers may have broken the law as a means of getting basic human necessities such as food, shelter and warmth" (Scott & Codd, 2010:14). Scott & Codd (2010) further add that whilst some individuals may have had no experience of mental health problems prior to incarceration, many individuals in prison have. As such, they acknowledge that three ways of responding to this have dominated penal policy at different times. Firstly, the delivery of appropriate health care provision in prison; secondly transfer to mental institutions after sentence; and thirdly diversion before custody.

According to the *Joint Commissioning Panel for Mental Health* (JCPfMH) (2013:14) there were approximately 6000 people in secure, forensic, mental health services. Of this figure, 680 were placed in high security facilities, 2800 in medium security, and 2500 in low security facilities. Further included measures were the admission of patients who are detained under 'a restriction order', which were added by the Ministry of Justice and function to control the leave or discharge of persons deemed to present a risk to the community. The JCPfMH (2013:14) further acknowledged that the vast majority of these admissions were "(a) from prison and (b) over 95% were to medium secure services. In addition to this, there exist a number of services for mentally disordered offenders in the community, such as the inclusion of forensic specialists working with community mental health teams and/or specialist teams. Such provisions received further support following the creation of Multi-Agency Public Protection Arrangements (MAPPA), which allows for

the assessment of risk, in those offenders convicted of violent and sexual offences (Glasby & Tew, 2015).

Despite the outlined strategies and provisions, adults with mental health problems in prison are overrepresented (Glasby & Tew, 2015). Singleton, Meltzer and Gatward (1998) estimated that nine out of ten prisoners experienced at least one or more of the five mental disorders covered by their research. Seddon (2007:129) has however argued that two of the five categories of mental disorder included in the study were alcohol dependency and drug dependency, and thus whether these “are properly ‘psychiatric’ issues” is a matter of debate. It is thus asserted that the levels of detected morbidity in the study were exaggerated. Other studies have indicated significantly smaller numbers.⁴⁷ Furthermore, some categories included in the Singleton study, incorporate categories of mental health problems that are “conceptually difficult” (Seddon, 2007:129); for example, personality disorders which are partly defined by violent, criminal or anti-social behaviour and are therefore prevalent in the prison population. It has however been argued that as many as 70% of sentenced women experience at least two mental health problems (Corston, 2007).

The National Institute for Health and Care Excellence (NICE) have highlighted that the issues of self-harm and suicide are all too common in prison. They note that self-harm is considered to be “any act of self-poisoning of self-injury carried out by an individual, irrespective of motivation” (NICE, 2014). Self-harm incidences in English and Welsh prisons were noted to be approximately eight times higher than the rate experienced in the general population (NICE, 2017). Indeed, as the MoJ (2017:1) have emphasised, self-harm incidents reached a record high in the 12 months up to December 2016, with an increase of 7,848 incidents on the previous year; an overall 24% increase. For women in prison, it was noted that there was a rate of 1,987 self-harm incidents per 1,000 in women’s prisons, an increase of 4% on the previous year during the same period (MoJ, 2017:4).

⁴⁷ See Gunn, Maden & Swinton (1991).

In 2016 the suicide rate in England's general population was noted to be 9.5 per 100,000 people in 2016, with a rate of 4.5 per 100,000 females (ONS, 2016). The rate of self-inflicted death in prison is known to considerably exceed this. As the MoJ (2017:1) acknowledge, there were 113 apparent self-inflicted deaths in prisons in England and Wales, which equates to 1.3 per 1,000 prisoners. In the 12 months to March 2017 there were ten self-inflicted deaths of women in prison, equating to a rate of 2.6 per 1,000 of the female prisoner population. Furthermore, the prevalence of mental health problems in prison is estimated to greatly exceed the prevalence of such problems experienced in the community (Light, Grant & Hopkins, 2013). This assertion could however be contested given the prior outlined concerns relating to acknowledgement and disclosure; as such a true indication of prevalence is likely to be difficult to discern. Furthermore, the issues of detection, reporting and recording of incidences should also be noted in relation to rates of self-harm. Thus, of considerable concern is the provision of health care for persons experiencing mental health problems in prisons, and as such the chapter now considers the recent changes in prison medical care.⁴⁸

From the Prison Medical Service to the NHS

For over 200 years prison health care delivery has been understood as essential in the 'benevolent' progress generated from enlightenment discourses on penal regimes (Sim, 2002). However, as Sim (2002) notes, a number of revisionist sources have challenged this perception. From the early 1970s critical social science scholars, primarily Marxists, feminists and poststructuralists, challenged this liberal paradigm highlighting the failure to address and challenge structural power relations operating within prisons. In addition, Sim (2002) further argues that global protests by prisoners in relation to the role of prison medical staff: nurses; doctors; and psychiatrists, highlighted that the standard of health delivered was lower than that

⁴⁸ The controversial issues of self-harm and suicide are unpacked later on in the chapter.

experienced by non-prisoners. Furthermore, it was stated that the lack of equivalence was related to the construction of prisoners as less eligible subjects (Sim, 1990; 2002).

Women prisoners during this time indicated that their health care was wholly inadequate. Women reported that they required access to outside consultants, and the receipt of appropriate medication; which would reduce the levels of inappropriate and unnecessary medication received (Shaw, 1992). A number of criticisms of prison health care focused on the over-use of psychotropic and hypnotic drugs by prison doctors that aimed to control 'unruly' prisoners, as well as the refusal to prescribe requested medications (Malloch, 2000). As Brazier (1982) has argued, the prisoner is an involuntary patient whose life is regulated by the prison authorities. Thus, the prison doctor within this relationship is part of the prison hierarchy, and is directly involved in the maintenance of the prison regime. High drug prescription rates among the female prisoner population was justified on the basis that there were large numbers of emotionally disturbed and unstable prisoners, an association founded on stereotypical assumptions of the susceptibility of women to mental instability (Allen, 1987; Malloch, 2000; Carlen & Worrall, 2004).⁴⁹ As Malloch (2000) has argued, prisoners seeking medical help frequently had access to medical officers denied by prison officers, who were able to act as gatekeepers to medical assistance. She furthermore notes that health concerns were often trivialised. As such, high levels of prescription medication among female prisoners were indicative of the drive to maintain control and order within prison regimes.

Pre-1999 health care in prisons was the responsibility of the Prison Service. In 1992, the *Prison Medical Service* was replaced by the *Health Care Service for Prisoners*. This was welcomed and was hailed as a new beginning for prison medicine. However, this change in name did not minimise or silence the criticism. During this time mental health care was criticised for being

⁴⁹ See Chapter Two for a detailed discussion regarding the impacts of such assertions on women's imprisonment.

below standards, and for being over reliant on arrangements between prisons and local psychiatric practices. By the early 1990s concerns regarding the mental health, and general health, care of inmates in prison extended beyond critiques from critical scholars (Sim, 2002).

In October 1996 the then Chief Inspector of Prisons, Sir David Ramsbotham, highlighted a serious tension at the centre of the debate: were the ill in prison to be treated as prisoners or patients? (Sim, 2002). In a discussion paper,⁵⁰ Ramsbotham stated that the prison medical service did not match the standards provided by the NHS, and thus recommended that prisoners requiring mental health care should be seen as patients and afforded the same health care that individuals receive in the community. He thus supported the view that prison health care should become the responsibility of the NHS, in order to address the concerns regarding equivalency of care.

In March 1999 the Government published its report *The Future Organisation of Prison Health Care* (TFOPHC), which laid out the arrangements for a partnership between the Prison Service and the NHS.⁵¹ In 2001 these concerns resulted in the proposed establishment of Mental Health In-reach Teams (MHIRTs), which would be funded by Primary Care Trusts and would be akin to Community Mental Health Teams, CMHTs, (Brown, Cullen, Kooyman & Forrester, 2015). It was argued that this union would provide better health care to prisoners experiencing severe and on-going mental health problems, and that this care would be equal to that experienced in the general population (Sim, 2002; Wilson, 2004). This proposed strategy acknowledged the differing needs of women stating in brief that services would be tailored to meet the specific needs of the local prison population, a manoeuvre which was deemed likely to ensure equivalence to a much greater extent than prior changes (Brown et al, 2015).

In April 2003 the NHS took over all health care services in prisons in England. However, the change was not fully evident until 2006, since full

⁵⁰ See HM Inspectorate of Prisons (1996).

⁵¹ See HM Prison Service and NHS Executive (1999).

responsibility for commissioning and funding of all prison health care then devolved to Primary Care Trusts (PCTs). However, there were concerns that such changes were unlikely to be effective unless funding was sufficient, and PCTs competent enough to supply services to prisons (Brown et al, 2015). Furthermore, the implementation of Assessment, Care in Custody and Teamwork (ACCT) in 2005, which is defined as a multi-disciplinary care planning strategy which utilises an NHS Care Programme Approach for those at risk of self-harm and suicide in prison, was noted to be a step forward in the monitoring and treatment of those deemed to be at risk. Developed in response to the recommendations made in the evaluation of its predecessor, F2052SH, which had been introduced to the Prison Service between 1992 and 1994, ACCT was put forward as a strategy that would not be a mere paper exercise.⁵² It would instead ensure that changes that came into effect in 1999, when the NHS and the Prison Service entered into a formal partnership, would be in line with existing NHS policy and national Prison Service frameworks (Prisons and Probation Ombudsman [PPO], 2014). ACCT was created in partnership with the Department of Health and aimed to: minimise distress and improve the quality of life for those living and working in prisons; reduce the number of self-inflicted deaths and incidences of self-harm in prison; provide prisoners with coping mechanisms other than self-harm; and ensure that prison staff were provided with support and fully equipped to carry out their work (PPO, 2014).⁵³

ACCT has nonetheless been considered deeply flawed. In 2014, Nigel Newcomen, the Prisons and Probation Ombudsman (PPO), stated in a report on the self-inflicted deaths of prisoners on ACCT in 2014, that ACCTs were sometimes reviewed without the benefit of background information on the prisoner (unless attended by medical staff) and furthermore that medical staff were not always included within the ACCT review process (PPO, 2014). Thus, despite the move to NHS medical provision of health care in prisons there

⁵² A criticism which had been levelled against F2052SH.

⁵³ Procedure guidance on ACCT is set out in Prison Service Instruction (PSI) 64/2011.

have still been a number of concerns raised. Notably the variation in the type and scale of available health services across penal establishments, prompted the concern that equivalence of care has not yet been met (Brown et al 2015; Forrester et al, 2013). As Mills et al (2013) note, Mental Health In-Reach Teams (MHIRTs) have been given considerable responsibility to tackle the high levels of mental health problems in the prison population, thus there are indications that they are poorly resourced given their workloads (Steel, Thornicroft, Birmingham, Brooker, Mills & Harty, 2007). Whilst some studies have reported some positive aspects as a result of the introduction of MHIRTs,⁵⁴ the concerns overall are that MHIRTs are not targeting those individuals that the government had envisaged they would prioritise; those with severe and enduring mental health problems (Steel et al, 2007). In addition, the Centre for Mental Health (2011) has stated that there remain considerable concerns regarding unmet need, particularly for those leaving prison who require support with resettlement.⁵⁵

As Sim (2002:319) importantly noted regarding the union of the prison service and the NHS:

Prisoners remain caught between the rock of less eligibility and the hard place of a neoliberal managerialism that in many cases has intensified their physical separation, psychological distress and emotional alienation. Given the context and the narrow terrain on which the issue of prison healthcare is conceptualized within TFOPHC, the aspirations outlined in the document, whatever the good intentions of some prison staff, are unlikely to solve the difficulties surrounding health care in prisons. If anything – in the long run- they may exacerbate them.

There thus remain considerable concerns regarding prison health care. Prisons, are sites of punishment, and thus the idea that they can be healthy environments that improve the mental health and wellbeing of those confined is contestable. As Sim (2002) notes, the very construction of prisoners as less

⁵⁴ See Durcan (2008).

⁵⁵ The issues pertaining to post-release experiences are explored in the following chapter.

eligible subjects is likely to intensify feelings of isolation, and psychological and emotional distress, regardless of the medical provision in place.

A 'Healthy' Prison?

Despite the union between the Prison Service and the NHS, a recent report by RAPt (2015) has highlighted the worrying extent of mental health problems in prison populations. The report indicated that issues such as depression, post-traumatic stress disorders and substance misuse, are among the issues experienced by many prisoners. They furthermore indicate that, despite this acknowledgement, very little attention has been paid to the delivery of mental health services in prisons, further commenting that those that do exist have “insufficient links to substance misuse programmes” (RAPt, 2015:2).

The Bradley Report (2009),⁵⁶ considered the impact of prison on individuals with mental health problems and stated that over 90% of prisoners had one or more of the main psychiatric disorders which are deemed to be as follows: schizophrenia and delusional disorder; personality disorders; neurotic disorders (e.g. depression); drug dependency; and alcohol dependency. In highlighting a common tension with regards to the omission or inclusion of drug and alcohol dependency in the classification of mental health problems, Bradley (2009) argues that the issue of dual diagnosis, coexisting substance misuse and mental health problems, is of considerable concern when acknowledging that mental health services and substances misuse services in prison do not work together.

In a follow up report in 2014,⁵⁷ Bradley noted that this situation was unchanged. RAPt (2015) have further argued that only a small minority of prisoners with acute mental health problems receive treatment in prison, the

⁵⁶ The Bradley Report was published in April 2009. It presented a comprehensive plan, which orientated around the reduction of reoffending and ending the revolving door cycle of imprisonment for individuals with mental health problems.

⁵⁷ See Durcan, Saunders, Gadsby & Hazard (2014).

majority of prisoners are therefore left in a hostile prison environment without dedicated support. Furthermore, their findings have indicated that health care services in prison do not implement sufficient healthcare screening for mental health problems, and are “unaware of the high degree of unmet need”, again highlighting that there is a clear lack of integration between mental health and substance misuse services (RAPt, 2015:5). In addition, it is acknowledged that increasingly restrictive prison regimes and the considerable reduction of in-prison activities has exacerbated difficulties in coping with the prison regime. In summing up their key recommendations for prisoners with mental health problems RAPt (2015:6, emphases added) argued:

Prison should be an opportunity to provide specialist help and treatment to *improve prisoners’ mental health* and general quality of life and, as a direct consequence, *reduce their re-offending* on release.

This statement, however, does not address the structural inequalities faced by prisoners, nor does it consider the implications, and contradictions, in recommending an environment designed for the purpose of punishment as a locus to *improve* quality of life, and mental health. As Mills (2005) has noted, being confined to a cell for long periods of time can exacerbate anxiety and depression. Furthermore, imprisonment denies liberty choice and freedom. It erodes connections with family support and friends, all of which are likely to increase feelings of hopelessness and vulnerability.

It has been long understood that suicide and self-harm are pertinent issues in women’s prisons, and that disproportionate number of women in prison are at risk of self-inflicted death due to mental health problems (Medlicott, 2007; Sandler & Coles, 2008). It is further understood that the prison environment can exacerbate existing mental health problems, and even be the precise cause of them (Sim, 1990; Medlicott, 2001; Hutson & Meyers, 2006; Scott & Codd, 2010). Enforced isolation within a prison cell is likely to pronounce negative thoughts, and the disciplinary nature of the prison regime is likely to facilitate traumatisation, through enforced compliance with rules and regulations (Medlicott, 2007; Sandler & Coles, 2008). Furthermore, the

prison environment can have a particularly negative impact on women, since they are more likely to be carers or involved in the family (Carlen & Worrall, 2004). Separation from children, family and friends can foster feelings of helplessness, guilt, fear and anxiety (Sandler & Coles, 2008).

As noted, in recent years the numbers of self-inflicted deaths in prisons have rapidly increased, from 58 in 2010 to 120 in 2016.⁵⁸ For women in prison, there has been a clear and worrying increase in the numbers of self-inflicted deaths. In 2015 five women took their lives in prison, a stark rise from on previous years; 1 self-inflicted death in 2012. In 2016 there were 12 self-inflicted deaths (Inquest, 2018). Inquest (2013:6) has further noted that “deaths in custody represent the extreme end of a continuum of near deaths, suicide attempts and self-harm”. Therefore, the statistics provided cannot capture the distress experienced in prison.

As Liebling (1992) has argued, estimating self-injury in prison is a difficult task. The recording of incidences is known to be haphazard with many incidences going unreported. One of the most common methods of self-injury/harm in prison is wrist cutting. Other noted methods include arm-cutting, and the cutting of other parts of the body (such as arms, legs, stomach), attempting hanging, overdose, hitting and the swallowing of foreign objects (such as batteries, razor blades, bed springs and glass). As noted previously, self-harm incidences in women’s prisons in England and Wales are acknowledged to be at an all-time high, with approximately 1,987 incidents of self-harm per 1,000 of the prison population; a four percent increase on the previous year (MoJ, 2017). Liebling (1992) further highlights that the seriousness of injury can range from superficial minor injuries requiring no treatment to potential lethal injury resulting in permanent damage, including brain damage from oxygen deprivation. There are differing views on the relationship between suicide, attempted suicide and self-harm. For Liebling (1992), despite the varying types and degrees of self-injury, there does appear

⁵⁸ In 2018 (up to May 15th) there have been a total of 27 self-inflicted deaths, with 29 deaths awaiting classification. See Inquest (2018).

to be a clear overlap between self-injury and future suicide. Often the causes expressed by prisoners describing their activities as suicidal are the same as those causes relating to less lethal types of self-harm. She further notes that self-injury within prison should therefore be understood within the possibility a “continuum of self-destructive behaviour” (Liebling, 1992:63). Self-harm and suicide thus arise from psychological pain and function as “a continuum along which one step may prove to be the first stage of a pathway to despair” (Liebling, 1992:67). However, for others⁵⁹ self-harm is a survival strategy. It serves as a means of releasing mental pain, transforming it into physical pain. Self-harm may therefore be a method of survival “rather than the pathway to suicide” (Scott & Codd, 2010:89). As such, some self-inflicted deaths may have been acts of self-harm accidentally gone too far. Self-harm in prison may therefore be a means of surviving the psychological pain generated by imprisonment (Scott & Codd, 2010).

The concept of the healthy prison has therefore been heavily criticised. As Smith (2000) has argued, the notion that a place of punishment can be a place of care and good health is a contradiction in terms. Furthermore, the construction of prisoners as less eligible subjects undermines the notion of equivalence of care, since the notion of equivalence is founded on the presumption of equality of status (Sim, 1994; Seddon, 2007).

Prison Reception

Despite the outlined concerns, prison reception has been argued to be a vital stage in the detection of such problems. Prisoners pass into the care and control of the Prison Service, who then become responsible for the safety and welfare of each prisoner (Edgar & Rickford, 2009). The receipt of information regarding each prisoner, such as information from the courts, other prisons, probation and health services, is therefore crucial. Brown et al (2015:107) have furthermore noted that screening on entry to prison is a useful place to conduct

⁵⁹ See the Howard League for Penal Reform (2001).

health screening since “it acts as a central funnel through which all prisoners pass”. However, considerable concern has been expressed in relation to the level of training provided to staff engaged in screenings. In 2008 the SCMH⁶⁰ identified specific problems with screening for mental health on reception. They stated that screenings were brief, often lasting only five minutes, and furthermore that prisoners often arrived without any medical notes. Arrival numbers were noted to be variable, resulting in issues with providing adequate resources for assessments. Further difficulties related to the issue of disclosure, some prisoners did not want to discuss their mental health problems at reception. In addition, many prisoners experienced frustration when repeating assessments that had already occurred at a prior prison. The lack of communication between prisons was therefore noted to be particularly problematic. It was further indicated that of the five prisons reviewed by the SCHM mental health “screening was a largely one-off event, taking place at reception” (Durcan, 2008:27).

As Edgar and Rickford (2009:10) have noted in their report on unmet mental health needs in prison, independent monitoring boards confirmed to them that:

Induction staff say that recognition of mental health care needs on the wing is ‘90% instinct’. They say that quite frequently it is other prisoners who first alert them to cases which require attention.

Thus, despite prisoners being subject to numerous screenings, particularly for those who had been transferred between establishments, when the SCMH reviewed prisoner medical notes they found that it was:

Not uncommon for there to be no indication of mental health problems on previous screening questionnaires, even when it was clear from other sources that there was a history of mental health problems (e.g. letters, histories in notes or psychiatric assessments for courts) (Durcan, 2008:27).

A further concern was the timeliness of treatment given for mental health problems, when a prisoner is transferred from one prison to another.

⁶⁰ See Durcan (2008).

An individual may have to endure many months and numerous assessments without any treatment for their mental health problems, despite the concern being identified earlier in a prior prison.

Sharpe, Völlm, Akhtar, Puri & Bickle (2016) have noted that prisoners with severe mental health problems are often those most vulnerable in society, thus in not receiving equivalency of health care they are unfairly disadvantaged. They make this assessment on the basis that prisoner transfer to hospital, under Sections 47 and 48 of the Mental Health Act, is not done in a timely manner and that they in fact exceed the target of 14 days which had been recommended in the Bradley Report (2009).⁶¹ A further study by Bartlett, Somers, Reeves & White (2012) indicated that, for women, transfer to hospital also exceeds the recommended 14 days. Transfer to hospital duration for women participating in their study averaged 37 days.⁶² In addition, the Prison Reform Trust (PRT) have noted that people who have mental health problems in prison are not always assessed or moved into secure mental health units in sufficient time, as a result they are likely to be placed in prison segregation or held on health care units, which are unable to provide the level of care needed (PRT, 2011).

Since serious mental health issues are considered to be endemic in women's prisons (Inquest, 2013), these concerns are undoubtedly of considerable importance. As noted, it has been acknowledged that as many as 70% of sentenced women are suffering from at least two mental health problems, and that 37% of these women have previously attempted suicide (Corston, 2007). It has furthermore long been acknowledged that incarcerated women have histories of abuse and are often troubled (Carlen, 1983; Carlen & Worrall, 2004; Liebling, 2007; Corston, 2007). As Mills et al (2003:58) highlight, the women's prison estate has a higher prevalence of mental health problems, which is often explained by the multitude of disadvantages that women experience.

⁶¹ For further information see Department of Health (2011).

⁶² See Bartlett et al (2012).

Approximately one-half of the women's prison population are considered to have experienced domestic violence, compared to one quarter of men, and one third of women have experienced sexualised violence, compared to under one tenth of men in prison. Thus, as a result of these experiences, women in prison are thus argued to be at much greater risk of self-harm and suicide in prison than their male counterparts (Mills et al, 2013). It should however be noted that the stereotypical assumptions made about women, that they are more prone to mental instability than men, are likely to have an impact on the likelihood of diagnosis.

The Corston Report (2007): Resilience Rhetoric & Mental Health Problems

As highlighted in the prior chapter, in response to a number of controversial self-inflicted deaths of women in prison in England and Wales, between 2002 and 2003,⁶³ one of the most influential reports on women's imprisonment was published. Baroness Jean Corston in her 2007 report, *A Review of Women with Particular Vulnerabilities in The Criminal Justice System*, acknowledged that the women's prison estate, in England and Wales, was comprised of highly vulnerable individuals who were poorly served by a system designed with men in mind. As has been argued, despite the importance of the recommendations made within the report, the report was problematic due to its commitment to neoliberal discourses of responsibilisation⁶⁴ which serve to render women in conflict with the law solely responsible for the outcomes of their lives (Hannah-Moffat, 2001; Dunbabin, 2013; Kendall, 2013; Elfleet, 2017a); a strategy that was evident in official discourse long before its publication (Dunbabin, 2013).

As acknowledged in Chapter Two, whilst making her recommendations for change, Corston (2007:2007: 44, para 4.27) stated that women in conflict with the law experienced a variety of vulnerabilities which

⁶³ Noteworthy is HMP Styal, which had experienced six self-inflicted deaths during this period (Elfleet, 2017a).

⁶⁴ The concept of responsibilisation is detailed in the following chapter.

could be divided into three main categories. Firstly, domestic circumstances such as domestic violence; secondly personal circumstances such as mental illness, low self-esteem and substance misuse; and thirdly socio-economic factors, such as isolation unemployment and poverty (Corston, 2007). Her solution to these vulnerabilities was to suggest that women needed assistance to help them “develop resilience, life skills and emotional literacy” (Corston, 2007:2, para.1, Emphases added), which she argued would reduce their ‘risk’ of re-offending. As Hedderman (2011) has noted, the use of *particular vulnerabilities* in the title of her Report was perhaps revealing in itself, since it can lead to the assumption that imprisonment, and the criminal justice system more widely, is unproblematic for the majority of women. It can therefore be assumed that there are a minority of vulnerable women that require specific attention. Furthermore, as Elfleet (2017a) has highlighted, in adopting terms that are all too readily absorbed by neoliberal approaches to governance, such as resilience, Corston reinforced pre-existing notions that female offenders are responsible individuals in need of appropriate training, to return them to the ‘normal’ acceptable standard of ‘female’ behaviour; law abiding. Corston was therefore of the opinion that it was this very lack of training that was central to their dire situation in life. In arguing this she failed to comprehensively acknowledge the socio-economic/structural constraints that women in prison are subjected to, and thus assumed some element of control in terms of managing difficult and often traumatic life circumstances (Elfleet, 2017a). Whilst these constraints were stated in the report it has been argued that, in the absence of an abolitionist informed Foucauldian feminist agenda, these issues were condemned to being merely words of repetition, as opposed to praxis; action from theory (Dunbabin, 2013).⁶⁵

Therefore, despite Corston (2007:18) acknowledging that 37% of women imprisoned confirmed that they have attempted suicide at some time in their life, she deemed such women solely capable of building a better future for themselves, through compliance with programmes designed to improve

⁶⁵ An abolitionist informed Foucauldian feminist praxis is fully outlined in the following chapter.

resilience and self-sufficiency; with little- to no- reference to state manufactured structural inequality. Ultimately, in rendering women emotionally illiterate, such a strategy complies and adheres to the neoliberal governance of subjects (Kendall, 2013; Elfleet, 2017). Corston neglects to consider the role of the state in the *success* or *failure* of such women, and thus she does little to challenge the legitimacy of imprisonment (Kendall, 2013). As Kendall (2013) has stated, this is not to suggest that Corston was insincere, indeed Corston acknowledged the combined role of domestic circumstances, personal circumstances and socio-economic factors in the lives of women in conflict with the law, however as Kendall (2013) notes, the latter issue received a great deal less attention, and thus the focus on the individual took precedence. Thus, whilst mental health problems were considered in the remit of personal vulnerabilities, Corston then proceeded to designate such women as emotionally illiterate beings in need of life skills training (Elfleet, 2017a).

Thus, the idea that we are all autonomous beings, that can mould the outcomes of our lives, is clearly a deeply embedded one (Hudson, 2002). It is an idea related to a very narrow definition of choice, which does not recognise that some individuals have very limited choices in life. Experiencing mental health problems is likely to infringe on these already constrained choices. As Kendal (2013) argues, the individualising framework adopted by Corston demonstrates how deeply embedded neoliberal ideology is. Neoliberalism, as an ideology, has led to a shift in the ways in which welfare states function. What is observable is a shift in the construction of the state as a provider of welfare support to “viewing the state as a facilitator of the free-market economy” (Pollack, 2009:113). Within this reconceptualization reduced welfare expenditure is apparent and, as Garland (2001) has noted, a culture of control has advanced. As Pollack (2009:126) further notes:

Neoliberal regulatory strategies emphasise individualism, personal choice and self-sufficiency and ignore the relationship between socio-economic exclusion and criminalization.

These acknowledgments informed the primary sampling criteria for this research, in terms of focusing on formerly imprisoned women *with* mental health problems. It has long been acknowledged that formerly imprisoned women return to lives of poverty, limited education and employment, neglect and poor health, and that these conditions are enabled under neoliberalism, and are indeed the very conditions that result in criminalisation (Carlton & Seagrave, 2016). Indeed, many of the formerly imprisoned women who took part in this research acknowledged the link between their mental health problems and their criminalisation and subsequent imprisonment.⁶⁶

Kendall (2002) has further argued that recent developments in Cognitive Behavioural Therapy (CBT) have served to advance strategies of responsibilisation, through the pathologisation of decision making. Behaviour is seen as a choice and CBT, in this instance, is regarded as a solution to 'poor life choices'. Such strategies are, however, deemed appropriate and viable ways of re-programming undesirable behaviour in the individual concerned. CBT is therefore problematic since it conceals mental health difficulties, at best for limited periods of time. Furthermore, it makes the individual the target of correction, leaving the structural constraints experienced unchallenged (Kendall, 2002).

Programmes that are designed to alter behaviour, through instilling resilience and self-sufficiency, promote the notion of adaptability. Individuals should adjust their behaviour to survive times of adversity; whether this is social or economic. These strategies do not seek to alter/change structural inequality, since such concerns are clearly neglected from consideration (Hannah-Moffat, 2001; Kendall, 2002). There is therefore little consideration of the link between poverty and social exclusion. Instead, inequalities are regarded as inevitabilities, as opposed to the products of social and economic inequality in neoliberal political economies.

Resilience as a concept is poorly defined (Joseph, 2013), therefore for those positing that its promotion could be a beneficial strategy in managing

⁶⁶ These issues are fully unpacked in Chapter Seven.

mental health problems, this poses particular concerns. Davydov, Stewart, Ritchie & Chaudieu (2010:491) have argued that “the resilience approach in mental health research is currently hindered by the lack of a unified methodology and concept definition”. They furthermore note, however, that mental resilience can be associated with “the ability to ‘spring back’ to initial levels of mental, emotional and cognitive ability after an adversity (such as functional limitation, bereavement, marital separation, or *poverty*)” (Davydov, et al, 2010:484, emphasis added). Whilst this may not initially seem problematic, given that what they appear to provide is a mere definition of the word, the underlying objective becomes more apparent when they state:

Within a somatic immune system some normal defence strategies (such as inflammation) may themselves become handicapping (e.g., hypersensitivity or auto-immunity). In the case of mental health, this might involve outcomes such as dependency on external *rewards* (e.g. *financial support from the state*) (Davydov et al, 2010:482, emphases added).

As such, the benefits of resilience-based research to the realm of mental health for Davydov et al (2010) clearly falls in-line with the neoliberal ideal of the self-sufficient, productive individual. For Davydov, et al (2010) financial support from the state is firstly considered a *handicap*, presumably to the overall aims of the neoliberal conceptualisation of resilience in producing the self-sufficient, productive and adaptable individual. Secondly, controversially, financial support from the state is deemed to be a *reward* as opposed to a *necessity* in terms of providing the requirements for life; shelter, warmth and food. Change is regarded as inevitable, and resilience is considered to be a key component for good mental health. Thus, welfare support is deemed to be a potential hindrance to mental wellbeing, and social and economic exclusion is deemed to be the failure of the individual to adapt to cope with inevitable changes. As Hannah-Moffat (2001) has noted, this serves to responsibilise the individual whilst denying, or minimising, the role of the state in the creation of these conditions. This point is of importance in relation to the suffering generated from mental health problems, since a

common response to an inability to cope in certain circumstances may prompt comparisons to those persons who can cope in similar situations, those presumably desirably 'resilient' persons. Such an argument is formulated on the assumption that individuals experience the social world in the same manner. This is a discursive manoeuvre that serves to further the marginalisation of those who are deemed to be coping in a 'non-conventional' manner, for example through the use of drugs and/or alcohol.⁶⁷

Thus, clearly such a strategy narrows the focus to the individual, whereby it is assumed that the individual concerned is abnormal/different from the majority (Carlen & Worrall, 2004). For Davydov et al (2010), such individuals are not mentally resilient and as such the task is to discover how individuals with mental health problems may develop "mental immunity", to essentially become mentally resilient like 'us' (Davydov et al, 2010:480). Such statements serve to perpetuate processes of othering, whereby the individual is placed beyond sympathy, empathy and tolerance (Scott & Codd, 2010) if they are unable to 'spring back', and thus require financial, or indeed other, *rewards*. Such strategies inform what Mathiesen (2004:14) has termed *silent silencing*:

Silent silencing is structural; it is part of our everyday life; it is unbounded and therefore engraved upon us; it is noiseless and therefore passes by unnoticed; and it is dynamic in the sense that in our society it spreads and becomes continually more encompassing

Individualised strategies therefore silently silence, since they detract attention away from the role of the state in the creation and exacerbation of structural constraints, for instance economic and social exclusion. Resilience, as a strategy to improve mental health problems, is therefore problematic since it can all too readily be absorbed within neoliberal penal rhetoric (Joseph, 2013; Elfleet; 2017a).

The issue of silencing is furthermore of particular importance when considering the experience of mental health problems, since the issue of stigma

⁶⁷ This is an important point since, for some individuals, drugs and/or alcohol are utilised as a means of sedating mental pain.

is likely to be a key issue in relation to the acknowledgement of experiencing these difficulties. For individuals with both mental health issues and the experience of imprisonment, this experience is clearly doubly stigmatising (Madden, 1996). As has been noted elsewhere, the social implications of imprisonment extend beyond the walls of the prison, since it is clear that there are financial and social implications when bearing the label ex-prisoner/former prisoner (Eaton, 1992; Carlton & Seagrave, 2016).

The following chapter outlines the theoretical framework deployed for an analysis of the findings of this research. It thus proposes an alternate view, which challenges the legitimacy and dominance of neoliberal governmentality, and thus discourses of responsibilisation (Hannah-Moffat, 2001).

Chapter Four: An Abolitionist Informed Foucauldian Feminism

The chapter outlines the theoretical framework, an abolitionist informed Foucauldian feminism, which is deployed for the analysis of the findings of the research. In outlining this approach, the chapter discusses the broad principles that can be associated with holding a feminist position and acknowledges that there are a myriad of feminist perspectives. A rationale for the adoption of my preferred frame of feminist thought, Foucauldian feminism, is provided through an exploration of the main principles that can be associated with holding such a position. In doing so the limitations of other modes of feminist thought, specifically those associated with gender/cultural feminism, are considered.

Further justifications for the adoption of a Foucauldian feminist perspective are provided through a consideration of the influential work of the Canadian feminist penologist Kelly Hannah-Moffat (2001), who has highlighted the limitations and implications associated with gender responsive correctional models. This frame of Foucauldian feminism is argued to be particularly beneficial for an analysis of one gender responsive community-based service, The Women's Centre (TWC), for formerly imprisoned women with mental health problems, in England and Wales post Corston Report. As such the implications and limitations of the influential Corston Report, which endorsed woman-centred community-based alternatives for women in conflict with the law, are considered. Finally, the principles of an abolitionist perspective are addressed and recognised as a viable, and justifiable, alternative to gender responsive justice models. The overall aim of which is to provide a rationale for the adoption of an abolitionist informed Foucauldian feminist theoretical framework, which is argued to provide a thorough means of problematizing, and analysing, the experience of formerly imprisoned women with mental health problems, in a post Corston Report context.

Second wave feminism has been argued to be a politics that has its roots in the Women's liberation movement (Daly & Chesney-Lind, 1988; Weedon, 1997). The Women's Liberation Movement was a political movement that, starting in the late nineteen sixties, questioned every aspect of women's lives. This, as Weedon (1997) notes, included the questioning of femininity, womanhood, and sexuality. It was concerned with the objectification of women as sexual objects, rape, pornography, and other forms of violence against women. From its emergence in academic work in the 1960s, second wave feminism sought to do more than just 'add in' women's voices to pre-existing frameworks. Feminist thought had sought to create a new means of knowing; clearly this has not been without constraints and compromises, since it is difficult to generate alternate conceptualisations in a relatively short space of time. Regardless, the endeavours of second wave feminists brought gendered issues to the fore (Smart, 1989). For example, as a result the 'women's movement' has not only made it possible for the issues of rape, and indeed domestic labour, to be discussed in a new way, but it has also drawn attention to the controversial issue of child sexual abuse (Smart, 1989; Howe, 2008). Feminist discourse, if made possible, generates the opportunity to change our modes of conceptualising social phenomena (Smart, 1989).

Patriarchy, men's domination of women, has often been a starting point for analysis in feminist theorisation, whereby it has been argued that the male gender is regarded as the superior 'norm' (Weedon, 1997). Feminists have challenged patriarchy through the acknowledgement that gender is a social construct; gender is understood to be a complex product of culture and history, which has often been associated with the biological differences between the sexes (Smart, 1976). Feminists have importantly acknowledged that women's biological capacity to bear children has resulted in the assumption that women are most suited to roles placing them firmly within

the domestic sphere.⁶⁸ Femininity, has therefore been associated with care, gentleness and passivity (Heidensohn, 1985). This association of passivity with femininity denies the power relations involved in the construction of gender. As Smart (1976) has noted, it is furthermore a manoeuvre that denies the possibility for change, if the passivity and gentleness ascribed to women are deemed to be 'natural' phenomena, this would suggest that deviation from these characteristics is undesirable, and 'abnormal'. Feminists have highlighted, in contrast, that the male gender construct is associated with power, toughness, heterosexuality, and authority. Genders that do not subscribe to these traits are subordinated, framing the hegemonic male gender construct as superior and thus dominant (Scraton, 1990). "Subordinated masculinities" (Scraton, 1990:15) are therefore placed at the bottom of what Connell & Messerschmidt (2005:848) term the "gender hierarchy".

Feminist thought has indeed achieved a great deal in the field of criminology (Scraton, 1990). Feminism has sought to highlight that, to a significant extent, women were omitted from consideration in criminological theories. Feminist engagements with criminology during the late 1960s continued to highlight the prevalence of male interests, arguing that whilst critical criminological perspectives had challenged the positivistic nature of explanations of crime, they had done this in reference to the crimes of men. Thus, in failing to acknowledge women, they were largely male centred perspectives (Heidensohn, 1968; Bertrand, 1969). Feminists therefore deemed criminology insufficient in providing comprehensive explanations for crime, since there was an explicit lack of reference to gender (Gelsthorpe & Morris, 1990).

Undoubtedly feminist contributions to criminology have aimed to increase the visibility of women in criminological theories, and to generate deeper understandings of female deviance, and indeed the differing responses to it. As Chesney-Lind (1973) has highlighted, women and girls have often

⁶⁸ See Chapter Two for further considerations in relation to these informal mechanisms of control.

been punished for behaviour that is not seen traditionally as appropriate feminine behaviour, such as promiscuity and aggression, whilst such behaviour has been revered and encouraged in their male counterparts, on the basis that it is seen to be 'normal' male behaviour. As such, feminist perspectives developing throughout the 1970s were crucial in highlighting the differing mechanisms of social control that women and girls are subjected to. It has been acknowledged that women and girls are not only subjected to the formal mechanisms of control, but they are also subject to informal controls in the domestic sphere (Pizzey, 1974; Smart & Smart, 1978; Hutter & Williams, 1980). Furthermore, the dominant discourses informing the regulation of women in formal and informal sites, have also informed their regulation in semi-penal sites (Barton, 2004).⁶⁹

Daly & Chesney-Lind (1988) problematize the idea that there is *a* feminist analysis, by stating that there is no universal feminist perspective. They argue that it is more fruitful to acknowledge a multitude of feminist perspectives, which are the result of different theorisations on the causes of gender inequality, and an acknowledgement of differing experiences of being a woman, on the basis of class, race, ethnicity and culture (hooks, 1981; Collins, 2008). Indeed, much like criminology, there are a multitude of feminist perspectives. Variation within feminist thought has provoked the need to label feminism according to these differences. And there are now numerous identifiable forms of feminism including: liberal; radical; cultural; Marxist-socialist; multicultural; psychoanalytical; eco; and postmodern feminism (Putnam Tong, 1998). Whilst this may cause initial confusion, as it may appear that there is tension and conflict within feminist thought, as indeed there is, the myriad of feminist perspectives can alternatively be viewed as a direct result of the promotion of tolerance as a core aim of feminist theory.⁷⁰

⁶⁹ See Chapter Two for a consideration of the ways in which these dominant discourses have informed the regulation of women in informal, formal and semi-penal sites.

⁷⁰ It is however one of the aims of this chapter to discuss some of these tensions within feminist thought, largely those relating to the privileging a female *ethics of care*, as seen in gender/cultural feminist theorisations.

Furthermore, it should signal to those concerned with feminist thought that feminism is not a monolithic ideology (Putnam Tong, 1998); there is no one privileged form.

Despite the differences between these perspectives,⁷¹ they hold some core values. As Gelsthorpe & Morris (1990) note, it can at least be expected that there is agreement on the claim that women experience subordination as a direct result of their sex, and that a feminist praxis should aim to eliminate this discrimination. The aspects of contemporary feminist thought relevant to the field of criminology includes a focus on gender, and provides a clear acknowledgement of the relations of power that organise and structure social relations, and cause harm. Furthermore, feminist approaches should incorporate a sensitive and reflexive position in relation to the exploration of the ways in which social context structures human relations (Gelsthorpe & Morris, 1990). Feminists have thus aimed to 'make visible the invisible' (Gelsthorpe, 2002:135) and to challenge the political, ontological and epistemological assumptions that generate understandings of the world(s) women live in, and which have been understood to reflect the interests of men. The overall aim of this approach is to generate an anti-sexist position that challenges the gendered assumptions made about women and girls, which are often presented as the 'truth' (Heidensohn, 2006).

Since there are a multitude of feminist perspectives, it is unsurprising to state that one perspective may be more relevant to the reader. For my part I have been more greatly persuaded by Foucauldian feminist perspectives, particularly those Foucauldian feminist perspectives that have challenged the concerns in relation to cultural/gender feminist thought. Specifically, I refer to the work of Kelly Hannah-Moffat (2000;2001) who has highlighted the potential implications of a woman-centred/ethics of care approach in penal reform endeavours. Before outlining the work of Hannah-Moffat, the chapter explores those aspects of feminist thought which I deem to be particularly

⁷¹ It is beyond the scope of the thesis to discuss, in depth, the multitude of feminist perspectives and their key differences. See Putnam-Tong (1998) for a detailed account of these differences.

problematic, in order to provide further justifications for the adoption of my preferred frame of feminist thought.

Gender/Cultural Feminism

While feminists have agreed that the universal subject is masculine, and that in western societies the yard stick of knowledge is the white middle class man (Smart, 1976; Heidensohn, 1985; 1986), not all feminists share the same response in providing a solution to this. Cultural/gender feminists have attempted to address this androcentric based value system by theorising about the existence of a separate female, or woman's, culture. This woman's culture is deemed to be founded on what are perceived to be wholly female characteristics. Cultural/gender feminists have stated that these characteristics should be valued not belittled, as is so in the androcentric value system (Hudson, 2003). According to gender/cultural feminists, such as Gilligan (1982), girls and boys grow up into women and men with very specific gender values and virtues that not only reflect the importance of separateness in men's lives and connectedness in women's lives, but which also serve to empower men and disempower women in patriarchal society. Cultural/gender feminists have thus been concerned with the privileging of particular personality traits (Putnam Tong, 1998). They have presented women's traits as completely different from, but equal to men's, and have asserted that female traits are preferable to those characterised as male. In this sense the usual way of assessing difference is reversed, difference is affirmed but this time traits associated with women are to be revered rather than deemed 'less than' (Bohan, 1997).

Carol Gilligan (1982), in her text *In a Different Voice*, constructed a feminist psychological theory about the nature of gender and moral reasoning. Her work set out to challenge the notion that the female mode of moral reasoning was lesser and unreliable (Hughes, 2002). She did not suggest that biology may influence inclination towards adoption of feminine or masculine

attributes, but she did assert that the feminine mode, as expressed by girls and women, had become undervalued and underrepresented, particularly in the criminal law, which she deemed to be dominated by “a male ethics of justice” (Gilligan, 1982:18). Gilligan (1982) argued that men’s emphasis on separation and autonomy leads to a development of style of moral reasoning that privileges justice, fairness and rights, as opposed to the female mode of development that leads to an emphasis on the wants, needs, and interests of people (Gilligan, 1982; Putnam Tong, 1998; Hughes, 2002). In later work Gilligan proposed that a female ethics of care was, potentially, preferable to a male ethics of justice (Gilligan, 1988: xxii). Taking this perspective further, Noddings (1984:83) went on to state that a female ethics of care was superior to a male ethics of justice. She argued that the current justice system favours a male ethics of justice, and as such, given that women were more capable of “withstanding evil”,⁷² the justice system was utterly flawed. Noddings argued that we must use education to further the adoption of an ethics of care, and that women should lead the way in bridging the gap that separates marginalised groups from dominating groups since, within their own families, they have lived with both oppressors and oppressed; as mediators between their powerful husbands and powerless children (Putnam Tong, 1998). Furthermore, she argued that men must learn what women have known for a long time, “the need for attachment and friendship” (Noddings, 1984:222). This is a problematic notion, since it assumes that all women adopt an ethics of care, and that men have no experience of being oppressed. Indeed, both Noddings and Gilligan have been faced with accusations of making sex based generalisations, and thus for assuming a homogeneity with regard to both men and women (Putnam Tong, 1998; Hughes, 2002).⁷³

⁷² Noddings (1984) argues that women’s understanding of evil is concrete. She states that it is understood that harmful events cause trauma to individuals, however for men the concept is abstract in that a rule or law has been broken. As such she argues that for women it is experienced based, whereas for men it is an idea.

⁷³ This is a point to which I shall return since, as Hannah-Moffat (2001) has acknowledged, relations between women are not always devoid of coercive power relations.

There has then been a growing effort in feminist scholarship to search for what has been termed a feminist jurisprudence. There are two main principles to be associated with this. First, is the adherence to the notion that the criminal law, which is put forward as gender-neutral is not, it is formulated from an androcentric position. Second, as has been highlighted with the work of Gilligan and Noddings, is the idea that there are different modes of reasoning between men and women, with women's being excluded (Hudson, 2003:180). Heidensohn (1986) has preferred to use what she has termed the *Portia* principle and the *Persephone* principle, in an attempt to overcome the male-female dichotomization, that is present in the work of Gilligan and Noddings (Hudson, 2003). Heidensohn (1986) argues that the *Portia* principle can be associated with individual responsibility, and emphasizes rules, whereas the *Persephone* principle can be associated with placing value on relationships and on problem resolution. Heidensohn (1986) notes that in contemporary criminal law it is the *Portia* principle that dominates, by way of a retributivist penal agenda.

There have been some crucial queries raised in relation to these ideas, whereby it is assumed that the law should be, and can be fair and impartial, since this overlooks the crucial concern regarding the actual *use* of law and *who* it ultimately works to the benefit of (Smart, 1989; Naffine, 1990; Walklate, 2004). Therefore, as Bartlett (1990) has noted, the notion of a feminist jurisprudence could be more appropriately defined as a mode of understanding how women *and* other subordinated groups are marginalised by the law. And thus, the aim of a feminist jurisprudence should challenge the power of the law (Smart, 1989), as opposed to looking for solutions within law, in an attempt to end dichotomising practices. In theorising that there are essentially male and female characteristics, no hopes are offered in ending separatism based on other supposed differences, such as race, age, class and gender (Hughes, 2002). Smart (1989) has noted that looking to the law for solutions may well strengthen and refine its power, and thus deconstructing

the law as it is presently constituted is more likely to be more fruitful in the quest for a feminist jurisprudence.

The chapter now outlines the area of feminist thought that I regard to be more persuasive; Foucauldian feminism. The following section will discuss the main principles associated with Foucauldian feminism, and specifically details the work of Foucauldian feminist Kelly Hannah-Moffat (2001), who has importantly drawn attention to the limitations of gender responsive penal reform attempts.

Foucauldian Feminism

Evidently one of the key elements of Foucauldian feminism is the explicit reference to the work of Michel Foucault, both textually and methodologically (Ballinger, 2000; Dunbabin, 2013). What has clearly been beneficial for feminists utilising Foucault's work is his theory of power, particularly in terms of its function "in the everyday lives, actions and interactions of people" (Foucault, 1980a:96) since the everyday actions in life are acknowledged to be unequal between men and women (Macleod & Durrheim, 2002).

Discourse theory has been important in theorisations on power, since discourse can be understood not just as language, but as the actions and consequences that emerge from our understandings of language (Hall, 1997). Indeed, as Foucault stated "discourse is the power which is to be seized" (Foucault, 1984:110). Foucault's approach to discourse has been extremely useful for feminists since he links it with power; if discourse influences action, then this implies that discourse exercises power over individual subjects. For Weedon (1997), this can be described as the institutional and social effects of discourse.⁷⁴

Foucault was concerned with "the ensemble of rules according to which the true and the false are separated and specific effects of power attached to

⁷⁴ The concept of discourse is detailed further in the following chapter.

the true" (Gordon, 1980:132). He was not greatly concerned with a quest for truth, he was however interested in *how* discourses claim to speak the truth, and therefore *how* on this basis they claim to be legitimately exercising power in a society which has come to value this particular depiction of truth (Smart, 1989; Sarwicky, 1991). Foucault expressed that his intention was to investigate the practices of power, where it is established and what its effects are. He was however, not concerned with the agenda of power, whereby we might consider who has it, and what is their aim. It was instead the *practices* of power that were of particular concern.

Furthermore, for Foucault, power is not centred in any one place, nor is it possessed by any one person or group. It is instead dispersed widely, and is imminent to everyday relations (Macleod & Durrheim, 2002), in what he termed the *micro-physics of power* (Foucault, 1977:26). Foucault offers an account of how power relations constitute subjects, and furthermore how such disciplinary practices can create divisions, such as healthy/ill; sane/insane; law abiding/delinquent. As Sawicki (1991) notes, disciplinary practices, by virtue of their authoritative position, can be utilised for the purposes of normalisation and social control. Such methods of knowing, or constituting subjects, can therefore be associated with the exercise of power over individuals. Such disciplinary techniques can be associated with the production of scientific knowledge, and surveillance. Therefore, processes of normalisation may involve the separating off/segregation of certain sections of the population; those who are deemed abnormal when compared to the 'normal' majority. As Foucault stated:

The subject is either divided inside himself or divided from others. This process objectivises him. Examples are the mad and the sane, the sick and the healthy, the criminals and the 'good boys' (Foucault, 1982:208).

One might instantly notice the absence of 'she' and 'her' in the above statement. This is a point that has been of particular concern for feminists when considering the work of Michel Foucault,⁷⁵ particularly in relation to one

⁷⁵ And a point to which I shall return further on in this chapter.

of his most prominent texts, *Discipline and Punish* (1977). However *dividing practices* are of considerable importance since, as Seddon (2007:14) notes, they go “to the nub of a series of critical issues”. Dividing practices are essentially practices of exclusion, which may be in a spatial sense, but also a social one (Rabinow, 1984). In the case of mental health, an important focus of this research, dividing practices are of central significance in relation to modes of governance. Those individuals who are identified as experiencing mental health problems, are far more likely to be characterised as presenting a risk to society (Kendal, 2002), and indeed themselves. Furthermore, what is of considerable interest here, are the effects of such practices on, in the case of this research, formerly imprisoned women with mental health problems,⁷⁶ since, modes of categorisation, ways of knowing and defining, have ‘real’ impacts (Howe, 2008).

Foucault’s focus on the *micro-physics of power*, has however been criticised by some feminists, and indeed Marxists, for failing to provide the tools for an analysis of the general structure of domination (Ramazanoğlu, 1993). However, as Macleod & Durrheim (2002) have highlighted, Foucault did not deny that practices of power are taken on board in global domination practices; however, he refused to give precedence to a central locus of power, which then permeates all aspects of life. Foucault instead offered:

an ascending analysis of power, starting from its infinitesimal mechanisms...and then see(ing) how these mechanisms of power have been-and continue to be- invested, colonised, utilised, involuted, transformed, displaced, extended etc., by ever more general mechanisms and by forms of global domination (Foucault, 1980:99).

Therefore, whilst power may not be possessed solely by any one person, or group, this does not inevitably mean that individuals and groups are situated equally or that global forms of domination cannot and should not be spoken about (Macleod & Durrheim, 2002). As Macleod and Durrheim

⁷⁶ Also of importance are the experiences of such women in not just being identified as experiencing mental health problems, but also in being identified as an ex-prisoner. A combination which is undoubtedly doubly stigmatising (Madden, 1996).

(2002) have stated, for feminism this means that patriarchal cultures/structures can be examined and acknowledged. Foucauldian feminists can thus concern themselves with the empirical claim that male domination of women has emerged in almost all societies. What we might however object to is the privileging of one theory as a reason for this emergence, or “to privilege one site of domination or one site of resistance” (Macleod & Durrheim, 2002:44).⁷⁷

Foucault furthermore thought that to theorise power as a possession had led to the assumption that there existed a locus of power. He linked this with Marxist work, which was deemed to have obscured the notion of a network of power, which was invested throughout society. Importantly as Sawicki (1991) notes, this does not mean that Foucault purported that there was no such thing as class power, what he asserted however was that understanding it was not an essential ingredient for the organisation of resistance. As has been noted earlier, Foucault expands his explanation of the operation of power to include all aspects of social life, even those aspects which we may assume to be benevolent. He therefore acknowledged that there were multiple forms of power that could be observed in all aspects of social life, and thus provided a means for analysing power relations in seemingly benign relationships, such as between child and parent (Hannah-Moffat, 2001). The practical implications of such an analysis, for Foucault, means that resistance should be carried out at a local level. Local struggles are the basis for resistance to power which is exercised in everyday social relations. Power according to Foucault is dependent on resistance: “where there is power, there is a resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power” (Foucault, 1998:95). Therefore, Foucauldian feminist discourse may offer the possibility of resistance. While

⁷⁷ In addition Smart (1989:71) has stated, to privilege one mode of feminist thought above all others, to present it as the one ‘true’ mode feminist thought, would be to promote the notion of a “scientific feminism”. This is clearly an anti-feminist stance, since feminism should promote the notion of tolerance.

feminist discourse may lack the social power that is afforded to other (official) discourses, it can still be a site of resistance by challenging the power of dominant discourses on femininity (Howe, 2008). Foucault argued that such resistance could bring about an “insurrection of subjugated knowledges”, whereby a “collection of erudite knowledges” (Foucault, 1980b:81) may be united in challenging those discourses that acquire a dominant status on a given subject. In other words, those which are taken for granted and accorded a common-sense status. The aim of which is to change the ways in which individuals perceive and do things (Weedon, 1997), or to “transform forms of sensibility and tolerance” (Howe, 2008:16).

Whilst Foucauldian theory has indeed been useful for feminist appropriation, it has not come without theoretical tensions. Foucault’s work largely neglected gender, and indeed feminism. Indeed, as Bartky (1988:63-4) asks, “where is the account of the disciplinary practices that engender the ‘docile bodies’ of women, bodies more docile than the bodies of men?”. Ballinger (2000) further adds that Foucault’s classic text *Discipline and Punish* presents a gender neutral, desexualised human subject. There is no recognition of the concern that disciplinary practices may differ for men and women. Therefore, to overlook the modes of subjection engendering feminine bodies would be to support powerlessness and silence experienced by those subjected to such disciplinary regimes (Bartky, 1988; Ballinger, 2000). In order to address these concerns feminists utilising the work of Michel Foucault have formulated *Foucauldian feminism*. They have done so in relation to an analysis of power relations, sexuality, the body, and social divisions in the experiences of women (Ballinger, 2000).

Ballinger (2000:40) notes that “the numerous ideologies and discourses surrounding women’s sexuality, have in reality served patriarchal interests”, therefore, for feminists engaging with the work of Foucault, an exploration of the representations of gender, and their meanings, allows for an understanding of how asymmetrical relations between subjects are produced. Furthermore, the feminist adaptation of Foucault’s gender-neutral analysis of

power has allowed for a more comprehensive consideration of the ways in which power operates in society. Whilst feminists have acknowledged that power is not simply held by one group (men) to oppress another (women), they have also acknowledged that power relations between women are not equal (Weedon, 1997; Ballinger, 2000). Factors such as age, race and class are undoubtedly contributing factors, in addition to gender, that influence the lives of women. It may well be that sexism is the dominant form of oppression for white, middle class privileged women, but this is certainly not the case for all women. As McNay (1992) has observed, women with histories that are rooted in experiences related to slavery, migration, colonialism, and enforced migration undoubtedly experience different forms of oppression in addition. Thus, what is of particular interest is the interaction between Foucault's analysis of power, and the focus of feminist theory on the diversity of women's experiences (Ramazanoğlu, 1993).

As Hannah-Moffat (2001) has noted, whilst patriarchy has been a useful concept for feminism in highlighting the unequal power relations between men and women, it is nonetheless limited. Patriarchy does not recognise that power relations between women can differ, and as such it is possible for women to coercively exercise power over other women. In penal dimensions, this acknowledgement has highlighted some crucial concerns in relation to the notion of a woman-centred/ethics of care approach in the penal regulation of women. Since such perspectives support the notion that *all* women adopt an ethics of care, this undoubtedly overlooks the unequal, and indeed coercive, relations that can exist between women (Hannah-Moffat, 2000; 2001).

Gender Responsivity: A Neoliberal Governance Strategy

In her influential text *Punishment in Disguise: Penal Governance and Federal Imprisonment of Women in Canada* (2001), Kelly Hannah-Moffat analyses attempts to implement woman-centred, gender-responsive penal reform attempts in Canada. She noted that during the mid-1990s, controversial

images of the treatment of women prisoners in Canada sparked significant public outrage, so much so that the government was compelled to respond with a clear policy agenda, based on the strategies outlined in the report *Creating Choices*. The report proposed that the imprisonment of women could be reformed in such a way that it would be empowering, caring and healing. In short, it was argued that women's imprisonment could be devised, and restructured, to ensure that the specific and differing needs of women were met through a women-centred approach. Whilst at first such a strategy may not appear to be problematic,⁷⁸ Hannah-Moffat's analysis has drawn attention to the pitfalls of modifying punishment/governance strategies in such a way that they appear, on the surface, to be beneficial to women. And as such, Hannah-Moffat identifies the gendered and racialized modes of governance that have come to characterise contemporary women's imprisonment (Hannah-Moffat, 2001). Utilising a Foucauldian analysis of power, Hannah-Moffat states that hybrid forms of power and knowledge have been utilised to inform the governance of women. Drawing on the work of governmentality scholars (Rose, 1993; Garland, 1996), she has analysed the ways in which self-governance has become infused in penal reform rhetoric for the reform of women's corrections in Canada.

Over the last twenty years many countries have incorporated gender issues, including responsiveness, health and childcare, within penal policies and programmes (Hannah-Moffat, 2010). However, whilst these policies may purport to be gender specific and woman-centred, their use within penal contexts is done with very little critical discussion, particularly in relation to what constitutes gender. For Cruikshank (1999) such an approach is reliant on the existence of a uniform norm which, incidentally, is nowhere universally defined. Considering Foucault's characterisation of normalisation and bio-power, woman-centred approaches may well operate to normalise women in conflict with the law to fit normative standards of femininity, those

⁷⁸ In that it has been widely acknowledged that needs of women in prison differ from those of men (Carlen, 1983).

aspects/behaviours that have come to define, stereotypically, what it is to be a woman. Thus, as Hannah-Moffat (2001) argues, feminist theories such as gender/cultural feminism,⁷⁹ that purport that there exists a unified female 'norm', are highly problematic since they may result in a reinforcement of the stereotypical assumptions about femininity that we should be seeking to transcend (Hoagland, 1991). The adoption of the notions of woman-centeredness and gender responsiveness, within penal policy, has reframed penal power in women's corrections (Hannah-Moffat, 2010). Whilst gender responsiveness may be well intentioned, as preceding gender responsive approaches have indicated,⁸⁰ it is argued that such strategies lack a detailed analysis of gender.

Whilst penal reformers have endeavoured to be aware of gender differences, and have acknowledged that the needs of women in prison are different from the needs of men,⁸¹ these endeavours nonetheless rely on stereotypical assumptions about what constitutes the gendered norms of femininity. Much of the dialogue of gender responsiveness discourse does not question normative assumptions about femininity, nor does it interrogate the assumptions made about women. Feminist critiques of gender neutrality have undoubtedly generated new knowledge, that has highlighted that the male norm is no longer an acceptable standard from which to organise all research, programming and penal policy. They have, however, also generated new responses, criteria, and methods for disciplining and responsabilising women in conflict with the law (Hannah-Moffat, 2010).

Gender responsive approaches highlight the differences between men and women and, as a result, women are argued to require a different response in criminal justice matters. Whilst this may have some positive impacts for

⁷⁹ As noted earlier, the work of Nel Noddings, and Carol Gilligan has purported this.

⁸⁰ Notably the efforts of Elizabeth Fry could be perceived in much the same manner, as a means of addressing the perceived specific needs of women in prison. See Chapter Two for a discussion of the seemingly benevolent and well intentioned reform efforts of Elizabeth Fry. Additionally, the Corston Report (2007), could also be considered as a sincere (albeit problematic) attempt to improve the experiences of women in the criminal justice system.

⁸¹ Which, it is fair to say, has undoubtedly had some positive impacts on women's experience of incarceration.

women there remain negative outcomes from such a strategy. Whilst women may be characterised as maternal, nurturing, victimised, and disadvantaged, they may also in penal contexts, on the basis of their offending, be characterised as risky, irresponsible, lacking maternal abilities, and as undisciplined. In this way, women in conflict with the law may be dichotomously perceived as being *at risk* and as being *a risk* (Hannah-Moffat, 1999; 2001). Occupying both positions results in the conflation of the *needs* of disadvantaged women with *risk*, and thus those women most *at risk* from social and economic deprivation are likely also to be perceived as posing a *high risk* of partaking in criminal behaviour (Hannah-Moffat, 2000). As a result, gender responsive penal reform policies are likely to obscure structural constraints. Social exclusion is likely to be calculated as an individual and, therefore, psychological problem that can be corrected through behavioural programming (Hannah-Moffat, 2000; 2010; Kendall, 2002). This risk/need dichotomy is the product of social practices that are created by penal agencies of the state that have the authority, and power, to interpret and classify the social and criminal histories of women in conflict with the law (Hannah-Moffat, 2010; Carlton & Seagrave, 2016). In such cases, the need/risk status of women is linked to a concern with reoffending, and the response to this is a corrective penal regime for women classified as high need/risk (Hannah-Moffat, 2001).

Hannah-Moffat (2010) has further acknowledged that the incorporation of feminist thought with official penal discourse is likely to involve a specific form of feminist theory, that which can be thought of as 'commercialised feminism' (Goodkind, 2009). This mode of feminist theory tends to promote self-esteem and self-change as strategies that can bring about independence and empowerment. These feminist strategies can be neatly aligned with penal governance strategies, whereby the onus for change is placed very much with the individual. Rather than challenging social and economic inequality, that may well contribute to women's offending behaviour. These strategies locate problems as the responsibility of the individual woman, in what has been

termed “responsibilisation strategies” (Garland, 1996:452; Hannah-Moffat, 2001:5). Therefore, self-change, resilience, and independence are promoted as strategies that can empower women to take charge of their lives, which dissolves the state of responsibility should they fail to do so. However, in cases where women ‘turn their lives around’, success is likely to be attributed to the providers of programmes that utilise strategies of responsibilisation (Hannah-Moffat, 2001; Goodkind, 2009).

As Goodkind (2009) notes, the notion that you can be anything you want to be if you just believe it, suggests that main obstacle to success or failure in society, is low self-esteem and self-belief.⁸² The incorporation of commercial feminist perspectives has allowed for the “neoliberal abduction of a long-standing feminist tradition of at least partial attention to the need to change society”, the result being the dis-empowerment of women and girls, who are supposedly aided by it (Goodkind, 2009:397-8). Such ideas are rooted in the neoliberal myth of a meritocracy, whereby those who make the effort will succeed. This is a position that neglects consideration of the structural factors of race, class and gender that undoubtedly infringe on access to life opportunities, and thus the likelihood of ‘success’. Rottenberg (2014) has specifically considered this mode of feminism neoliberal feminism. She has contended that this emerging feminist perspective utilises key principles of liberal feminism in order to spawn a new feminist subject who accepts full responsibility for her own well-being and self-care. Mainstream liberal feminism is thus mutated/ augmented into “a particular mode of neoliberal governmentality” (Rottenberg, 2014:419).⁸³ Unlike liberal feminism, which sought to critique liberalism through an analysis of gendered exclusions within liberal democracy’s claim of universal equality, regarding the law, institutional access and the complete incorporation of women within the public sphere, Rottenberg contends that neoliberal feminism is perfectly attuned with neoliberalism. In short, it offers no critique of neoliberalism.

⁸² Goodkind (2009) when analysing such strategies in the USA has stated that this strategy is very much one of a gendered version of the American Dream.

⁸³ See also Larner (2000) and Brown (2005).

Instead, following Larner (2000), she contends that collective forms of action are conversely eroded and a new mode of morality is constructed, one which links “moral probity even more intimately to self-reliance and efficiency, as well as to the individual’s capacity to exercise his or her own autonomous choices” (Rottenberg, 2014: 421). Rottenberg further notes that “neoliberal governmentality undoes notions of social justice, while usurping the concept of citizenship by producing economic identities as the basis for political life” (2014: 421). Utilising key feminist terms, such as equality, opportunity and free choice, whilst displacing and replacing their content, neoliberal feminism aims to produce a subject who is individualised, entrepreneurial - in the sense that she improves her resources through constant risk calculation - and demonstrates personal initiative. Maintaining a work-family balance becomes a key target, and inequality between men and women is acknowledged but ultimately denied as the issue of social justice is cast as a matter of personal and individual responsibility. Thus, the inequalities experienced by women are framed as surmountable through the adoption of key neoliberal behavioural attributes (Larner, 2000; Brown, 2005; Rottenberg, 2014).

With these concerns in mind, the adoption of such neoliberal strategies in semi-penal and penal contexts may well then promote insidious and invasive means of governing women, whereby relationships, parenting, mental health issues, and self-harm become targets for correction, in the pursuit of conformity to normative feminine gender standards (Kendall, 2002; Goodkind, 2009; Hannah-Moffat, 2010). The knowledge and experience utilised in the construction of normative femininity is usually derived from white middle-class women, therefore this is the precise criteria in which women in conflict with the law are measured against (Hannah-Moffat, 2010). As Hannah-Moffat (2010:202) notes, the lack of focus on structure, has resulted in a “decontextualized agency” which is focused on dependency, choice and responsibility. In penal contexts the factors that contribute to women’s differing experience of incarceration, such as generally being prime child carers, may well be utilised in her ‘reformation’. Having children is a factor

that can be mobilised to 'motivate' individuals to amend their behaviour. Women who do not comply with these rules and standards may ironically be made to feel complicit in the marginalisation that they have experienced (Hannah-Moffat, 2000; 2010). Empowerment in this instance is promoted as a mean of addressing issues of low self-esteem. Low self-esteem is deemed to minimise an ability to cope, and to accept responsibility for actions and choices. Women who do not comply with programmes designed to empower, to restore self-esteem, may well be further marginalised for refusing to comply with seemingly benevolent attempts to aid them in making productive life choices in, what is assumed to be, a level playing field (Hannah-Moffat, 2000).

Gender responsive models of correction/governance therefore accept that penal subjects are willing, able and motivated (Hannah-Moffat, 2010). Whilst such a model may recognise the needs and experiences of 'clients', it does not consider prisoner experiences and methods of resistance. This is further problematic in that many women who are likely to be subjected to the gender responsive approaches, do not fit with the gender norms that are adopted by such approaches. Therefore women who are deemed to be non-compliant may well be categorised as especially risky/'unempowerable', creating a further mode of marginalisation (Hannah-Moffat, 2001; Haney, 2010). The problems that women experience may then be framed as poor life choices, and a key priority for corrective programmes may be to ensure motivation and willingness to amend their faulty ways of thinking (Kendall, 2002). Thus, despite the often sincere belief on behalf of the administrators of programmes designed to 'empower', gender responsive programmes may act to perpetuate the very inequalities and injustices experienced by women in conflict with the law, experiences that have designated them suitable candidates for participation in programmes of reform in the first place (Goodkind, 2009).

Furthermore, as Young (1994) and Hannah-Moffat (2000) have noted, empowerment is not a static term, much like democracy seldom do we mean the same thing by it. Empowerment for feminist scholars has been greatly

concerned with the drive to limit women's oppression through a reconfiguration of power relations, maximising choices for women, and enabling women to regain control of their lives. When adopted in penal contexts, the original meanings of empowerment are obscured, and mutated, to suit the punitive capacities of state sanctioned modes of punishment. In a prison setting the core aspects of empowerment are inevitably constrained, since life choices and control are immediately diminished:

Prisons are organised to limit individual expressions of autonomy, control and choice. They are sites of repression, wherein there is an undeniable imbalance in the relations of power between the 'keepers' and the 'kept'. Rarely are the 'keepers' able or willing to relinquish their power, to facilitate empowerment. Women prisoners have little influence, collective or otherwise, over the conditions of their lives while incarcerated. In the end, techniques typically associated with empowerment are dominated by the prevailing organisational structure (Hannah-Moffat, 2000:521).

There thus exists a real tension in gender responsive approaches, since they are strategies that require compliance, whilst also aiming to produce resilient, independent subjects. The objective of empowerment in penal contexts is to increase self-esteem in order to minimise an individual's reliance on others, to enable her to take responsibility for her actions, and to make appropriate life choices (Hannah-Moffat, 2001). However resistance, in terms of participation and engagement with corrective programmes, is likely to be met with hostility, since the very act of non-compliance is likely to render the client doubly 'risky'. Not only has she transgressed the law, but she also refuses to participate in programmes designed to 'empower' her to take charge of her life. Thus, it may well be that resilience is promoted as a means responsabilising individuals in wider society, whilst in penal contexts it is met with hostility, since subjects are required to be submissive and compliant, in order that they be 'corrected'.

Woman-centred, 'empowering' models of penal reform, as Hannah-Moffat (2000:521) notes, "feminises the discourse and practices of imprisonment without fundamentally challenging or restructuring the

disciplinary relations of power in prisons". A reliance on empowerment in penal reform strategies indicates a greater focus on self-governance strategies (Hannah-Moffat, 2001). Thus, as a neoliberal strategy, for those already in positions of power, empowerment rhetoric may present itself as an appealing method since it enables the informal and subtle governance of already marginalised populations, and engages populations in self-reform. Empowerment may become a particularly insidious, yet subtle, means of targeting the powerless, "measuring and seeking to maximise their actions, motivations and interests" (Cruikshank, 1999: 34-35).

Feminist narratives of empowerment may then, as Hannah-Moffat (2001) observes, constitute a unique means of governing female subjects, whereby links are made between the aspirations of individuals and the aspirations of governments. The desired result is the creation of subjects who internalise neoliberal aspirations, as opposed to them being products of external policing (Rose, 1993). For criminal justice service providers engaging with empowerment rhetoric, this may translate as the promotion of self-esteem and confidence building, through the development of a sense of control over one's life.⁸⁴ However, as Hannah-Moffat (2001:170) states, such a strategy in penal contexts is impossible to accomplish since: "the flexibility to make choices and control one's surroundings does not exist".

*Hybrid Moral/Actuarial Modes of Penalty*⁸⁵

Recent governmentality literature has been fruitful in highlighting that governance relies on a society based on sovereignty, discipline and government. In drawing on actuarial forms of governance, as described by Feeley & Simon (1992) in *The New Penology*, Hannah-Moffat argues that disciplinary modes of governance have become infused with actuarial forms of governance, in what she terms a *hybrid moral/actuarial penalty* (2001:162).

⁸⁴ See Young (1994).

⁸⁵ The term *hybrid moral/actuarial penalty* is adopted from the work of Kelly Hannah-Moffat (2001:162).

However, unlike actuarial analyses of governance, Hannah-Moffat (2001) has argued, such strategies have not displaced disciplinary forms of governance, they instead work in unison. Women in conflict with the law are therefore not just subject to therapeutic interventions, but also moral management methods (Kendall, 2002; Dunbabin, 2013).

The term governmentality was defined by Michel Foucault as the rationality of government, which can be thought of in terms of a system of knowing about the practices and nature of government (Foucault, 1991). This, he argued, marked a new means of conceptualising and exercising power in society (Macleod & Durrheim, 2002). Foucault's conceptualisation of governance allows attention to be brought to the variety of ways in which reflection and action may be engineered to guide, manage and regulate the conduct of individuals, not just others but ourselves (Hannah-Moffat, 2001).

For Dean (2009), governance is not solely monopolised by the state, it may be utilised by numerous authorities and agencies for the purposes of shaping our conduct, desires, interests and decisions, and it may encompass a variety of techniques and knowledges. Furthermore, what has become increasingly apparent in these techniques is the notion of government as the "conduct of conduct" (Foucault, 1991:102). As Hannah-Moffat (2001) has noted, such an analysis allows for consideration of the ways in which individuals govern and manage their own conduct (Dean, 2009; Hannah-Moffat, 2001). As Garland (1996) has noted, the reconstruction of subjectivity appears to be a condition for the formation of new forms of governance. He suggests that there exists a "criminology of the self", which constructs offenders as rational actor, and that there exists a "criminology of the other"-the stranger to be feared, the bitter outcast (Garland, 1996:461). The criminology of the self, as Hannah-Moffat (2001) observes, clearly offers a neoliberal conception of the individually responsible and rational person.

The issues raised by Hannah-Moffat (2001), and other governmentality scholars, are therefore important when considering the implications of responsibilising discourses, since in penal contexts they are applied to those at

the bottom of the socio-economic strata; the poor and powerless. These concerns are of particular relevance in relation to one of the most recent and influential reports on the imprisonment of women in England and Wales, the Corston Report (2007).⁸⁶ As previously noted, the report all too readily purported that the solution to the difficulties faced by 'women with particular vulnerabilities' was to enable them to "develop *resilience, life skills* and *emotional literacy*" (Corston, 2007:2, para.1, Emphases added).

It is now the concept of resilience that I turn, since it is a concept that can all too readily be aligned with neoliberal strategies of responsibilisation. It is a concept which is, furthermore, particularly problematic when considering the experience of women with mental health problems post-release.⁸⁷

Resilience as a Neoliberal Concept

The concept of resilience has enjoyed recent support in a wide variety of policy literature, as a consequence of its easy alignment with neoliberal discourse. Whilst it may not necessarily be reducible to neoliberal policy and governance, it does however slot neatly into the main aims and functions of neoliberalism (Joseph, 2013).

Resilience can be linked with political discourses on the adaptability of ecological systems. It has been associated with ecological resistance, and the ability of humans to adapt to large complex systems. It is furthermore a term that can be associated with societal capacity to adapt to external change, and is often considered in relation to the ability of a society, community, or indeed individual, to thrive in the face of challenges, to essentially "bounce back" in times of hardship (Joseph, 2013:39). The solution to hardship is measured in terms of the ability of people to use their own initiative, as rational, reflexive, autonomous agents, to adapt their behaviour. As a concept it is relatively easy to see how resilience may lend itself neatly to neoliberal forms of governance,

⁸⁶ See Chapters One and Three for a detailed consideration of this highly influential report.

⁸⁷ A viable concern since Corston (2007), in her definition of those characterised as experiencing 'particular vulnerabilities', included women with mental health problems.

in a society where we are urged to be prepared, adaptive, and reflexive beings who conduct our own risk assessments. In essence we are encouraged to be responsible for our decisions and the consequences of these, whether they be financial, social, or political (Joseph, 2013). As Joseph (2013) notes, this is the very way in which the concept of resilience can work. The emphasis is clearly placed on the individual, minimising the role, or responsibility, of external and structural aspects. External and structural aspects, such as economic issues, are taken for granted; their unstable state should be accepted as part and parcel of life. Thus it is, again, the ability of the individual to adapt to these *inevitable* changes, to manage whatever challenges life presents, through engaging in responsible decision making, and conduct, that has become an integral focus of neoliberal governance. As Hamann (2009) notes, neoliberalism has the effect of naturalising such phenomena, it is assumed that it is a matter of 'common sense' that individuals need to adapt and compete in order to successfully negotiate these 'inevitable' changes.

Neoliberal processes assume that individuals are free consumers, who should be able to take charge of their life choices. Therefore the assumption is that active participation of citizens is a means of ensuring that, in a world beyond our control, we are prepared and able to take care and control of our social and economic prosperity. Resilience within this structure can operate to promote self-awareness, if we cannot change the world around us then the presumption is that through self-awareness we can become better equipped to survive it. Resilience rhetoric therefore may become successful in the reinforcement and maintenance of strategies of governing from a distance (Joseph, 2013).

The effects of the use of the concept 'resilience' may well be more important than theorising exactly what it means (Joseph, 2013). In addition, what is of further importance are lived realities and impacts of the use of such a term for women experiencing mental health problems post-release. If resilience is a concept that promotes preparedness, adaptation, and responsibility, this poses significant concerns in relation to the experience of

mental health problems, and indeed as a method for 'aiding' those who experience such issues to cope effectively.

The limits of empowerment-based training, in relation to the experience of mental health problems, should therefore be considered. As Townsend (1998) has acknowledged, those individuals who have been diagnosed with long lasting mental health problems are likely to have far more difficulty in participating in society in general. Individuals with mental health problems are likely to experience negative social stigma, and possibly segregation; in both a spatial and social sense. Regardless of the origins of mental health problems,⁸⁸ they can contribute to difficulties in coping with everyday life.

Individuals experiencing mental health issues are likely to be marginalised in society, with limited options in terms of employment and housing (Townsend, 1998). As noted, the conditions of neoliberalism are likely to exacerbate these issues. One means of addressing the social exclusion of those experiencing mental health problems may be, as Townsend (1998:15) notes, to "see if our institutions are actually encouraging its less powerful citizens to become empowered". However, as she further notes, good intentions may indeed become embroiled in bureaucracy, and the overriding result is the privileging of the experience of professional expertise, since medical and therapeutic experts are often deemed more 'fit' to conclude on what a patient requires in order to become 'empowered'.

Overall, if self-sufficiency and citizenship are put forward as solutions to poverty, political neglect, crime and powerlessness, in reformist agendas and democratic discourses, this removes state responsibility in providing the solution to such issues (Cruikshank, 1999). Cruikshank (1999:2) terms this "technologies of citizenship", whereby the overall aim is to transform individuals from subjects to citizens, who have become fully capable of self-governance. Whilst some initiatives aimed at promoting self-sufficiency may

⁸⁸ Whether mental health problems are located in genetic or biological causes or through oppressive social conditions is of considerable concern in relation to debates on mental health. Some of these tensions are explored in Chapter Three. Also see, Townsend (1998) for an account of these issues.

have been born of good intentions, Cruikshank (1999) argues that they are nonetheless methods of constituting and regulating citizens. Even the most democratic modes of government entail power relations that can be both voluntary and indeed coercive.

Prison & Post-Release Experiences: Inseparable Pains

It has long been acknowledged that imprisonment has detrimental impacts on prisoners and their families (Cohen & Taylor, 1972; Goffman, 1991; Liebling & Maruna, 2011; Scott & Codd, 2010). Prisons are acknowledged to be sites of harm that deny autonomy and liberty, through the enforcement of regimes that comprises constant repetitions and rules, which erode self-identity (Medlicott, 1999; 2001; Scott & Codd, 2010).

Whilst feminist contributions to the realm of prison experience have highlighted that women's particular needs, and backgrounds, have resulted in a differential experience of these institutions (Carlen, 1983;1998) they have, according to Carlton & Segrave (2011a), produced two significant limitations. The first relates to the appropriation of scholarship into policy development and the delivery of services, which have enabled gender-responsive outcomes. As noted, this has included gender specific prison regimes, gendered risk assessment tools, and prison architecture and design. They have also, however, included post-release policies within their remit. It is this final factor which forms the basis of the second limitation, the neglect of focus on women's post-release experiences, particularly in relation to the long-term impacts of incarceration. Carlton & Segrave (2011a:554) argue that imprisonment should not be viewed as a discrete episode, it instead "constitutes an extension rather than a focal point of the trauma that pervades in the lives of imprisoned and formerly imprisoned women".

The assumption that imprisonment and release are two separate episodes in a woman's life is argued to be problematic in two main ways. Firstly, it is assumed that imprisonment is a past event, with release marking

the beginning of a new life. This assumption overlooks the consideration that for some women prison is not an isolated event, many women experience repeated incidents of incarceration (Carlton & Segrave, 2016). Secondly, it is presumed that each sentence is a separate experience, and that imprisonment and release are distinct from life experiences involving state intervention, incorporating childhood welfare systems, and post-imprisonment offender management services. These assumptions ignore the consideration that imprisonment and release can exacerbate pre-existing social and economic marginalisation and disadvantage, reinforcing and extending the experience of trauma (Carlton & Segrave, 2016).⁸⁹

Eaton (1992) in her text *Women after Prison* described women's imprisonment as a period of isolation where women are cut off from wider society. She stated that the effects of imprisonment are not left at the gate; they follow women into a world that is unaccommodating and unfamiliar. Whilst the impacts may differ between women, she notes that imprisonment can leave them disorientated, and deprive them of accommodation, employment, partners, children, friends, and sometimes their health. Imprisonment is thus acknowledged to be a profoundly painful experience that reinforces and extends the social and economic marginalisation experienced pre-imprisonment (Carlen, 2013:xiii). As Carlton & Segrave (2013) state, the precariousness of women's survival on release is compounded by uncertainty, isolation, and frequently depression.

In their study of post-release deaths in Victoria, Australia, Carlton and Segrave (2011b) note that female ex-prisoners experience higher rates of death from unnatural causes than those in the general population. Whilst they note that there are a limited number of studies on post-release death, prior research has indicated that Victorian ex-prisoners were ten times more likely to die from unnatural deaths in the community, within weeks or months of their release; a significant fraction (1/3) of these deaths were from suicide.⁹⁰ These

⁸⁹ Thus, for women experiencing mental health problems prior to their incarceration, imprisonment can extend and exacerbate mental anguish.

⁹⁰ See Graham (2003).

findings, they argue, give rise to serious questions regarding the duty of care, and the continuing and compounding impact on hardship that imprisonment has long after release.

In the UK, the NHS Confederation (2012:1) has noted that offenders, ex-offenders and those at risk of offending, compared to the general population, experience: a higher rate of mortality and suicide; drug and alcohol misuse; mental and physical health problems; homelessness; literacy and numeracy difficulties; unemployment; and poor access to and uptake of health care services. They further acknowledge that women in prison are 69 times more likely to die than women in the general population, and that women released from prison are 36 times more likely to die from suicide within one year of their release, than women in the general population (NHS, 2012:2; Pratt, Piper, Appleby, Webb & Shaw 2006; Phillips, Gelsthorpe, Padfield & Buckingham 2016:18).

According to Carlton & Segrave (2011b), much of the existing research on post-release death resides in the epidemiological health-based arena, focusing on risk factors associated with death, such as drug and alcohol use. In addition, much of this research provides policy recommendations overly reliant on quantitative data. There is therefore a lack of analysis drawing on qualitative data, and thus a need for a focus on the ways in which gender, race, and class intersect with experiences of criminalisation, imprisonment and post-imprisonment (Carlton & Segrave, 2011b), since structural inequalities are undoubtedly compounded by imprisonment.

It has been acknowledged that access to secure and stable housing, and substance misuse/rehabilitation services are precarious. Women are frequently unable to access these services on release from prison. A lack service provision can propel women into cycles of incarceration since, for some women, incarceration becomes a means of securing basic needs such as food and shelter, or as a (short or temporary) reprieve from substance misuse and/or domestic violence (Carlton & Segrave, 2016). Many formerly imprisoned women return to lives of poverty, limited education and

employment, neglect and poor health. These circumstances are enabled under the conditions of neoliberalism; the very conditions that resulted in their criminalisation (Carlen, 2013; Carlton & Segrave, 2016).

Post-Release Gender Responsive Strategies

As previously noted, the recognition of men and women's differing needs and experiences has led to policy specifically orientated around gendered models of justice (Carlton & Segrave, 2011a). They are approaches that not only acknowledge the biological differences between men and women, but also the structural and economic differences, and disadvantages, that contextualise the lives of women. Such a model was advocated in the Corston Report (2007). As part of her blueprint for a holistic woman-centred model of corrections Corston, in one of her 43 recommendations in the report, stated that the government should announce a clear strategy, which should take place within ten years, to replace women's prisons with smaller custodial units. She argued that these units would be staffed by women, and would multi-functional, supervising community orders, and providing support those at risk of offending (Elfleet, 2017a). Corston (2007:59) further noted that she was convinced that a woman centred approach, endorsed by women's community centres, was the right way to treat women, and that they were paving the way for a radically new approach that enables "women with particular vulnerabilities to take responsibility for their lives". The centres with their mix of paid and voluntary staff, for Corston, would offer holistic support to women with complex needs, providing a safe environment and links to numerous services and local agencies:

I am convinced that women's community centres like Asha and Calderdale, pioneers of a woman-centred approach, have found the right way to treat women and that their work must be extended and built on as a real alternative to prison. Their broad approach is to treat each woman as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives. They recognise the impact that victimisation and isolation by disadvantage can have on a woman's circumstances and behaviour; the shame and

stigma that many women feel by a number of life experiences, not just being convicted of an offence but also mental illness or being a single parent. Perceptions of being judged as a failure serve to reinforce disadvantage, isolation and social exclusion (Corston, 2007:10, para 18).

On this basis Corston (2007) recommended that a larger network of women's community centres be developed. She stated that the services provided should be in accordance with a centrally coordinated strategic national plan, which would be drawn up by a Commissioner for women who offend, and those who are at risk of offending.

As community centres for women are established, Corston (2007:10, para 20) stated that there would be scope to re-role existing women's prisons for men "for whom generally they were originally built", thus also fulfilling the government plan to create a further 8,000 spaces for the male prison population. As such Corston advocated a decarceration agenda for women, but did not challenge the expansion of the prison estate for men.⁹¹ Whilst the government rejected Corston's proposed structure of the smaller units for women prisoners, the establishment of women's community centres was endorsed. Indeed, one of the main stated achievements of the report is the establishment of Corston inspired centres for female offenders, and those at risk of offending (Howard League for Penal Reform, 2016).

The *All Party Parliamentary Group on Women in the Penal System* (APPG) (2016)⁹² has stated that whilst the number of women's centres, and one-stop shops, established since the Corston Report (2007) is modest, their role is nonetheless vital for women involved, or at risk of involvement, in the criminal justice system. It argues that a central aim of the centres has been to "provide a safe space for women where they are treated as individuals" (APPG, 2016:2) so that their needs can be addressed fully. The presumed success of these centres is deemed to be under threat from the instability caused by short-term funding from the Ministry of Justice, local probation trusts, charities, and health. Despite these issues the APPG claims that

⁹¹ An implication to which I shall later return.

⁹² Which was set up in 2009, with Baroness Jean Corston as Chair.

women's centres are successful on two fronts. First, they have a positive impact on service users lives, and second, they are argued to contribute to a reduction in recidivism. The APPG (2016:2) states that women centres have a statistically significant impact on women's re-offending, and with a difference as high as 9%, they argue that "few other services have this proven impact".

The centres are however deemed to be at risk unless serious funding commitments are made from the Ministry of Justice to ensure their survival. The APPG report states that services for women which "have a strong evidence base of success and adhere to the principles and recommendations set out in the Corston Report" (APPG, 2016:6) should be given commissioning priority. Since the Corston Report placed individual responsibility at its core, the potential aims and objectives of these centres are of considerable concern.

Gender Responsive Post-Release Support Initiatives: Success or Failure?

It is thus assumed gender responsive post-release services for women will produce helpful outcomes for women. These services have been hailed as a superior form of support, in terms of minimising the likelihood of serial incarceration, through reducing recidivism (Kendall, 2013; Carlton & Segrave; 2016). However, for Carlton & Segrave (2016) these support structures are frequently unable to deal with the complex nature of discrimination, marginalisation, and disadvantage that women experience in the community on release. Indeed, the primary aim of gender responsive models, as evident in the Corston Report, appears to be to increase women's "capacity to take responsibility for their lives" (Corston, 2007:10, para 18), and thus dominant depictions of success are likely to be associated with desistance, whereby individuals have been "empowered to be resilient" (Elfleet, 2017a:36). Indeed, as Carlton & Segrave (2016) have noted, official conceptualisations of success in post-release community-based corrections, are directly linked to predicting and preventing recidivism. Furthermore reintegration success, for those engaging with such services, may further be defined in terms of the ability of

an individual to abstain from illicit substances, leaving an abusive relationship, and/or re-establishing relationships with children. This sets aside the structural and systemic factors that impact the lives of criminalised women. As noted, gender responsive approaches are overly reliant on the existence of a uniform definition of gender, which thus runs the risk of excluding the importance of race and class in the experience of institutionalisation and injustice (Carlton & Segrave, 2016). As such the concern is that post-release services may operate to normalise women to fit the idealised constructs of femininity discussed in Chapter Two. Thus, following Carlton and Segrave (2016:296) gender responsive strategies for women within the prison and post-release arena may “not necessarily produce better outcomes for women simply because they are explicitly labelled ‘gender focused’”.

Gender responsive programmes are, nonetheless, intensifying at a fast pace. The networking of public and voluntary sectors, and sometimes the private sector, in the design of policies and practices within prisons, and communities (Kendall, 2013), informs what Carlen and Tombs (2006:337) have referred to as “the women’s imprisonment and reintegration industries”. These industries frequently rely on psychological explanations of crime, and thus there is a reliance on the use of psychological re-programming techniques which aim to reduce recidivism. Indeed, these methods of reprogramming women are likely to continue in post-release support endeavours that orientate their aims around individual responsibility, desistance, and crime reduction.

State Hybridity: Governing from a Distance

Under neoliberal conditions increasing privatisation has seen an acceleration of the outsourcing of public assets and services to for-profit agencies and private companies. Whilst this has sometimes been interpreted as a relinquishment of state sovereignty, governance from a distance has

instead created “an environment of state hybridity” (Haney, 2010:16). Partnerships with a multitude of agencies have rapidly increased the number of actors now involved in state authorised offender governance. As Haney (2010) notes, frequently these actors are involved with organisations that do not mention the state or government. They furthermore incorporate actors often described as community members, therapists, entrepreneurs, or NGO activists.

But they remain part of the state arena through their budgets, contracts, staffing and legal mandates. In many ways they are akin to satellite states- they circle and hover around the centralized “mothership”, relying on her for material survival, legitimacy and authority. Yet, on a day-to-day level, they claim autonomy from her and the ability to set their own agendas (Haney, 2010:16).

As noted in Chapter One, following the recommendations of the influential Corston Report, a network of 50 women’s centres was established. These centres were considered by Corston to be the most appropriate response to women offenders, and those at risk of offending. Citing the work of two particular centres (Asha and Calderdale), she considered these centres to be pioneers of a woman centred approach, through their ability to treat women as individuals with their own set of needs and problems (Corston, 2007). However, as previously noted, this woman centred strategy is problematic. Corston remained committed to neoliberal discourses of resilience, self-sufficiency and responsibility, and considered disadvantage through a narrow lens of personal failure and social inadequacy (Dunbabin, 2013; Kendall, 2013; Elfleet, 2017). Thus, following the concerns of Haney, in a neoliberal context, these services may, through their reliance on the state, act as an extension of intensive surveillance and monitoring of those women deemed to be at risk of offending, or reoffending.

The overall aim of gender responsive strategies is to divert women away from the criminal justice system, through instilling the belief that through hard work and endurance they can succeed in achieving their goals. They may operate to transform individual subjectivities into neoliberal subjectivities;

those embracing self-reliance and resilience as essential behavioural traits for a successful and meaningful life. Woman-centred, empowerment, rhetoric is therefore not only an ideological tool of control, but a class project too (Haney, 2010). As Haney (2010) has noted, in her study on women's correctional centres in the USA, working class women were engaged in life skills programmes orientated around the aims and objectives of neoliberal political economies. Haney (2010) asserts that at the end of their sentences women did not feel any less ashamed of their limited education, or lack of work experience. Moreover, if they 'failed' to desist from crime, or if they experienced setbacks, they were unprepared and thus unable to explain "why they may not be the only ones to blame- and how the social world had changed in ways that often worked against their recovery" (Haney, 2010: 221). As Hannah-Moffat (2001) has noted, gender responsivity frequently does not address the unequal social and economic relations of society, it can in fact strengthen them since they are strategies that are disguised as gentle, 'caring' and 'supportive' (Hannah-Moffat, 2000; 2001).

The concern therefore is that gender responsive post-release support strategies cannot respond to the complexity of the structural nature and experience of disadvantaged. The reintegration of women back into society, and their engagement with woman-centred services, is thus likely to be deemed successful if they desist from crime. Overall these strategies may, albeit unintentionally, contribute to intensified surveillance of women in the community, resulting in "heightened transcarceral control" and surveillance (Carlton & Segrave, 2016:283).

Alternatives to Gender Responsivity

In light of the above concerns, it would be wholly fair to suggest that gender responsive penal reform attempts, both within and outside the prison, are ineffective in terms of addressing the structural constraints that socially and economically excluded women face, since the burden of responsibility is placed with those already excluded. Such methods offer little or indeed no

opportunity for social change. Under neoliberal conditions gender centric focuses may serve to further the legitimization of imprisonment (Hannah-Moffat & Shaw, 2000), and an extension of transcarceral power through intensified surveillance, and management, of those in the community deemed to be at risk of offending, or reoffending (Carlen & Tombs, 2006; Kendall, 2013; Carlton & Segrave, 2013; 2016).

Alternatively, abolitionist perspectives provide a real challenge to the exacerbation of trauma caused by incarceration (Scott, 2009; Carlton & Segrave, 2016). They are, furthermore, far less likely to be co-opted by the state. As Scott (2009) notes, abolitionism allows for an assessment of the limitations of penal reform, and the overall legitimacy of imprisoning persons who are socially and economically excluded. It allows for the recognition of prisoners' humanity, through an emphasis on a social justice agenda that provides an empathetic focus on those who are the most vulnerable in society (Scott & Codd, 2010). Its augmentation with Foucauldian feminist perspectives is therefore fruitful since Foucauldian analyses of penal affairs may themselves be limited in realising alternatives to imprisonment. As Scott (2009) has highlighted, Foucauldian analyses of power are heavily descriptive, as could easily be easily identified throughout the sections on Foucauldian theory in this chapter, in terms of the number of times the word *how* appears and not *why*. A sole utilisation of Foucauldian theory may therefore allow us to describe *how* power relations can be utilised to the benefit of some, and the detriment of others, by not *why* this occurs and therefore *why* this may be illegitimate and indeed wrongful (Scott, 2009; Scott & Codd, 2010).

Formulating an Abolitionist Informed Foucauldian Feminist Perspective

Carlen (1990) has argued that approaches that do not adhere to abolitionist principles are unlikely to reduce the female prison population significantly. As has been indicated previously, woman centred penal reform strategies are likely to be co-opted in such a way that they in fact enhance the punitive capacities of the state (Hannah-Moffat, 2001; Sim, 2004; 2009; Scott &

Codd, 2010). Imprisonment, therefore, has been argued to be instrumental in the production and re-production of social and economic divisions (Carlen & Worrall, 2004; Scott & Codd, 2010).

Since abolitionists recognise the connections between the prison, post-release pains, the state and social order, it clearly marks a significant difference in their perspectives from liberal reform projects, which deem it possible for the processes of criminal justice to be made to work more effectively and fairly, through minor adjustments (Scott & Codd, 2010). Abolitionism, through its recognition that the current operation of the criminal justice system is instrumental in maintaining social divisions of race, class, age and gender, is important in directly challenging penal reform attempts that are likely to extend the reach of the penal dragnet (Sim, 2009). Therefore, gender responsive penal reform attempts may be regarded as such, in reinforcing and maximising the potential to strengthen the state (Hannah-Moffat, 2001), and its penal apparatuses (Althusser, 1969).

Abolitionists have long recognised that prisons contain those most marginalised in society (Sim, 2009; Scott & Codd, 2010). Prisons incarcerate, overwhelmingly, individuals who have experienced: sexual and emotional abuse; physical abuse; a life in care as a child; learning difficulties; physical health problems; low levels of literacy; disrupted education; and homelessness and unemployment (Social Exclusion Unit, 2002; NHS Confederation, 2012). Abolitionism has long acknowledged human suffering by asking “who suffers the most in prison?” (Scott, 2015:41). Penal abolitionists are concerned with, not only, what happens in prison, but also *who* is in prison and whether their voices are heard. As such abolitionists concern themselves with the experiences of those with the least power in society, in what is considered to be *the view from below* (Sim, Scraton & Gordon 1987; Scott, 2015). “Abolitionism legitimates rather than disqualifies accounts of prisoners” (Scott, 2015:41), allowing for an “insurrection of subjugated knowledges” (Foucault, 1982:81). This is not to suggest that the prisoner experience should be privileged in all instances, however it provides an acknowledgement of the fact that their

accounts are often disqualified on the basis of lacking an 'official' status and location,⁹³ their accounts are often taken to be unreliable, attention seeking, and even as blatant lies (Scott & Codd, 2010; Scott, 2015).

In recognising the limitations of gender centric focuses, I argue that of considerable importance in the union between feminist and abolitionist principles is the work of Pat Carlen (1990:114). Carlen has indicated that a recognition of the harms of imprisonment for men *and* women would be more fruitful (Dunbabin, 2013), in what she terms a *women-wise penology*, for which the two following aims are essential:

That the penal regulation of female law-breakers does not increase their oppression as women still further, and that the penal regulation of law-breaking men does not brutalize them and make them even more violently or ideologically oppressive towards women in the future (Carlen, 1990:114).

Recognition of this is essential for an effective union between feminism and abolitionism, since the two may at first glance appear to be at odds; not all feminists would agree that imprisonment is not the right response for men who commit violence against women. Indeed, as van Swaaningen (1989) has noted, many aspects of the women's liberation movement called for greater criminalisation of violence against women,⁹⁴ the argument being that the function of this condemnation would be symbolic, in facilitating greater public awareness and collective denunciation of such violence. van Swaaningen (1989) further notes that whilst feminism and abolitionism may appear to be at odds, they do in fact have far more to expect from each other. Abolitionism does not reject the idea of collective disapproval for serious offences such as sexualized and racial violence. Instead it acknowledges that the criminal law does a poor job in this respect. Furthermore, harm reduction and tolerance are key aspects present in both abolitionist and feminist principles, and as such they may have more in common than is apparent at first glance (Dunbabin,

⁹³ See Chapter Five for a detailed consideration Foucauldian discourse analysis, and the privileging of official discourse as a truthful official account of social phenomena.

⁹⁴ See Hudson (1998) for a more detailed consideration of alternatives to imprisonment, in relation to the challenges of racial and sexual violence.

2013; Elfleet, 2017a). In addition, as Carlen (1990) has noted, since we understand that prisons are violent and dehumanising places, the notion that prison can rehabilitate men who commit such violence, is highly flawed. A women-wise penology thus allows for an abolitionist agenda that challenges the use of imprisonment, not just for women, but also for men (Carlen, 1990). It is therefore a theoretical position that could be united with other critical work on prison abolition (Carlen, 1990). Therefore, as Scott (2009) has argued, an abolitionist agenda is far more likely to effectively challenge the legitimacy of the damaging and destructive penal system currently in place. In terms of the feminist principle of making “visible the invisible” (Gelsthorpe, 2002:135), an abolitionist praxis is far more likely to successfully challenge neoliberal abducted woman-centred strategies, both inside and outside the prison.

Chapter Five: Researching Women's Post-Release Experiences in a Women's Centre

The research adopts a case study approach, to analyse the role and function of one women's centre, The Women's Centre (TWC), based in the North-West of England, in the lives of formerly imprisoned women with mental health problems in a post Corston Report (2007) context. The study entailed a lengthy period of participant observation,⁹⁵ and included the use of 16 semi-structured interviews with staff at TWC, and 14 formerly imprisoned women with mental health problems who were accessing its services. The chapter therefore outlines the chosen methods and analytical approach deployed in order to realise the aims of the research.

First, the chapter considers what is meant by feminist epistemology, second it outlines poststructuralist feminist perspectives in order to provide a justification for the author's preferred feminist epistemological approach; Foucauldian feminism. Finally, the chapter outlines the methods deployed in the research through a detailed consideration of participant observation, narrative based research, semi-structured interviews, and feminist Foucauldian discourse analysis, which was utilised to critically analyse the findings of the research.

Feminist Epistemology

In 1987 the feminist philosopher Sandra Harding posed the question "is there a distinctive feminist method of inquiry?" (Harding, 1987:2-3). In answering this question, she made distinctions between *epistemology* as a theory of knowing, *methodology* as a theory and analysis of how research should be conducted, and *method* as the particular technique(s) used for data/evidence collection. What she therefore deemed to be of importance were "the connections between epistemologies, methodologies and research methods" (Naples & Gurr, 2014:14). Harding argued that the methods

⁹⁵ 16 months in total.

deployed will be informed by the epistemological position adopted, and that epistemological assumptions will influence the researcher in terms of how they define their roles, and what they consider to be ethical research practices, in terms of how participant consent and confidentiality is interpreted and implemented (Hughes, 2002; Naples & Gurr, 2014).

The women's movement of the 1960s and 70s opposed the exclusion of women's experiences in traditional epistemologies. Feminist responses offered alternatives which acknowledged that sociological knowledge had been written for and by men, alienating the voices and experiences of women. Feminist epistemologies thus sought to question who and what should be known, how knowledge is constituted and validated (Hughes, 2002) and what is, or should be, the relationship between knowing and being; between epistemology and ontology (Stanley & Wise, 1990). Feminists have concerned themselves with understanding which versions of 'truth' prevail in society, informing thought and shaping action. As such, a fundamental feminist position has been to assert that 'truth' can be defined in numerous ways; knowledge is political and is not produced in a vacuum free from social contexts. These concerns have led to the exploration of a variety of issues which has prompted questions such as "who benefits from traditional forms of knowledge production, and who may be disadvantaged by these?" (Naples & Gurr, 2014:15).

Feminist researchers can therefore be understood as knowing subjects who produce knowledge about the social world, creating and generating knowledge about how social life is gendered, organised, structured, and made meaningful (Hughes, 2002; Ramazanoğlu & Holland, 2002). A key concern is how feminists understand 'truth' in knowledge, how they evaluate the validity of knowledge in the presence of multiple competing claims, and how they account for their methodological practices in ways that do not reproduce the imbalances of power which they argue to exist in traditional male orientated theories and methodological approaches (Hughes, 2002).

Ballinger (2000) has noted that throughout the 1990s feminist theoretical developments saw the emergence of Foucauldian poststructuralist perspectives. These perspectives challenged concepts such as patriarchy, arguing that they were too vague and thus incapable of capturing women's varied experiences of subordination through, for example, race, ethnicity, and age. In response to these concerns Foucauldian feminism emerged through an adaption of Foucault's analysis of power. Whilst Foucault's conceptualisation of power lacked any consideration of gender, it did nonetheless recognise the wide dispersal of power in society. Its emergence was however not without concern. As Weedon (1997) has noted, many of the criticisms levelled against poststructuralist perspectives have related to the issues of subjectivity, power, and universality. Further criticisms are related to concerns over perpetual relativism. This is an important concern since if truth cannot be established problems are inevitably posed for a feminist praxis that claims that women experience subordination on the basis of their gender. As Howe (1994:164) has noted, there is certainly a viable need to avoid the "absurdity of infinite relativism" whereby everything must perpetually be subject to deconstruction. Relating this to the experiences of incarcerated women, she notes that there are certain truths that must be acknowledged; that imprisoned women are more coerced than those outside the walls, and that black and minority ethnic women experience institutionalised racism within Western criminal justice systems. As Hannah-Moffat (2002:215-16) has also contended, there is a need to maintain the "truth in punishment", whereby we do not lose sight of the experiential reality of imprisonment. Thus, for research that is concerned with the experiences of formerly imprisoned women with mental health problems, these issues are significant, since formerly imprisoned women undoubtedly experience subordination and exclusion.

Therefore, a Foucauldian feminist perspective that is informed by a further set of principles, namely those of penal abolitionism, provides a

challenge to dominant methods of representation and essentialist categorisation (Weedon, 1997; Dunbabin, 2013). It furthermore avoids making generalised claims or statements about women, and instead acknowledges the diversity of experiences, whilst taking into consideration that there may be similarities between different groups of women (Walklate, 2004). The utilisation of abolitionist principles further allows for a consideration of the rightfulness or wrongfulness of the treatment of women in penal systems (Scott & Codd, 2010), a point to which I shall later return when discussing the analytical approach adopted.

Hannah-Moffat (2001:9) notes that not all Foucauldian feminists deploy the same approach, she further notes that “feminist analysis of women’s penalty, as well as non-feminist analyses that rely on Foucauldian concepts, have tended to reduce diverse features of penal governance to repressive relations of discipline”. Adding to this point she considers Howe’s (1994) text *Punish and Critique* and states that her Foucauldian feminist approach considers the disciplinary techniques of governing women’s bodies but does “not examine the complexity of risk-based governance, or how women in prison are not simply just ‘at risk’ of harm but also perceived by the state and others to be a risk to public safety” (Hannah-Moffat, 2001:11). Furthermore, she notes that Howe’s contention that women prisoners, and those at risk of state harm, should be empowered provides no challenge or detailed examination of empowerment, since there is no consideration that such strategies can be used to responsabilise women. As outlined in the previous chapter, the Foucauldian feminist perspective offered by Hannah-Moffat (2001:11) is preferable, since it allows for a consideration of “how power/knowledge and body relations transcend gender, and how studies of imprisonment are linked to wider processes of governing, which are not necessarily disciplinary”. Multiple forms of power such as pastoral, maternal, disciplinary and governmental can therefore be explored. As advocated in the prior chapter, a Foucauldian feminist perspective that also draws on the concept of governmentality is beneficial, since it considers how the conduct of

individuals is regulated in neoliberal governmentalities (Hannah-Moffat, 2001; 2010).⁹⁶ It is furthermore a position that considers the differences between women, through a problematisation of woman-centred models of governance which, whilst being promoted as a means of providing a more caring and empowering experience, are in fact not devoid of coercive power relations.⁹⁷ However, in keeping with feminist principles, I do not advocate that this is a superior feminist approach. As Smart (1989:70-71) has indicated in reference to Mackinnon's (1983:639) assertion that "radical feminism is feminism", this would serve to promote a "scientific feminism", since one is claiming that their feminist perspective is *the* truth, which has been established through its method and epistemology. Furthermore, such a statement contradicts key feminist aims in promoting tolerance and acceptance of others, and it therefore does not oppose subordinating practices (Dunbabin, 2013).⁹⁸

Having outlined my preferred epistemological framework, the chapter now outlines the techniques utilised for data collection in order to realise the aims and objectives of the research.

Feminist Techniques for Data Collection: Quantitative & Qualitative Approaches

Feminist researchers have taken varying approaches to research methods, which is undoubtedly reflective of the differences in decisions regarding what is valid knowledge, and how it is produced (Ramazanoğlu & Holland, 2002). However, Gelsthorpe (1990:94) has argued that feminist research is generally regarded to be anti-positivist since:

It involves a link between belief, life and research; it is opposed to what is sometimes termed 'decorticated' theory- theory which is essentially

⁹⁶ See Chapter Four for a justification of the augmentation of abolitionist perspectives with Foucauldian feminist perspectives, and for a consideration of the recent literature on governmentality.

⁹⁷ See Chapter One and Three for a consideration of the Corston Report (2007). One of the most recent and influential official reports on women's imprisonment in England and Wales, which proposed that a woman centred model of corrections would be more appropriate for women in conflict with the law.

⁹⁸ This justification and approach was also applied in my prior research, see Dunbabin (2013).

speculative, concerned with abstractions and does not reflect knowledge grounded in lived experience.

She further notes, as a direct opposite to positivistic research, feminist research is concerned with theory arising from experience. As such, feminist researchers often become involved with their participants. They further aim to record the impacts of the research process on themselves, clearly renouncing any claims to 'value free' research, since their own experiences are integral to the research process (Gelsthorpe, 1990). As such, a significant criticism of quantitative feminist methods, such as survey research, is that they are rooted in the tradition of positivism (Miner & Jayaratne, 2014). Since positivism asserts objectivity and value-free science, criticisms of these approaches contend that it is impossible to conduct wholly bias-free research. However, whilst some feminists have contended that quantitative methods cannot provide as rich, textured, data as qualitative research (see Jayaratne & Stewart, 1991), others have suggested that a well-planned and executed quantitative project is less likely to cause harm than a poorly designed qualitative design (see Fonow & Cook, 1991; Kelly, Burton & Regan, 1994).

Some feminist empiricists have further claimed that objectivity is a means of ensuring feminist principles are upheld in research (see Intemann, 2010). It is asserted that when objectivity is adhered to, data are more likely to be representative of women's experiences, since the research process is less likely to be influenced by the perspectives of the researcher. However, feminists opposed to quantitative methods have asserted that quantitative research risks objectifying women, by simply reducing them to numbers and ignoring the context of their lives (see Condor, 1986; Marecek, Fine & Kidder, 1997). As Stanley & Wise (1983:170) have contended such strategies are problematic for feminists since they treat "people as mere objects, there for the researcher to do research 'on'", it is thus seen as morally unjustifiable since it treats "people as objects- sex objects or research objects". Oakley (1981) has also noted in this regard that conventional interviewing techniques, whereby interviews have no social interaction or personal meaning and form a one-way

process, objectify the researched in the sense that they are viewed as data to be obtained. Solutions to these concerns have revolved around eroding hierarchical relations between researcher and researched, through an interactive methodology (Gelsthorpe, 1990). As such, rather than minimizing the role of the researcher in the interview process, the approach requires a relationship between the researcher and researched in order to achieve meaningful information, in ways that are not objectifying. It is argued that eroding hierarchical relations is beneficial for reciprocity, and the establishment of trust between researcher and researched (Gelsthorpe, 1990), points to which I shall return shortly.

Feminists utilising qualitative techniques have acknowledged that participants should have greater freedom to express their experiences, and their feelings, since themes and categories are not predefined by the researcher. Therefore, data that is of importance to the participant can be included, since participants can describe their experiences as they perceive them (Gelsthorpe, 1990), allowing women to construct themselves, as opposed to viewing them solely as constructs of discourse. This, according to Miner & Jayaratne (2014:302), has led to the assumption that qualitative methods are “better” and “more feminist” than quantitative methods. As they note, this debate has been a longstanding and continuing feature of feminist scholarship. However, they also recognise that this assertion is exclusionary, as opposed to inclusive, and limits the possibilities for investigation. They therefore contend that feminist research practice requires a critical approach to existing methods and methodology and that the choice to use either qualitative and/or quantitative methods should be research specific. Whilst there are a number of concerns regarding the use of quantitative methods in feminist research, it is important to acknowledge that the use of such methods can communicate on the extent of important feminist and social justice concerns. For instance, psychological, physical health and economic consequences associated with domestic violence, pay inequality, and lack of medical care in large groups of women (Miner & Jayaratne, 2014).

For Miner & Jayaratne (2014) qualitative techniques are not flawless, they argue that research is still open to interpretation by the researcher, and thus both quantitative and qualitative methods have their drawbacks. The impact of the researcher's interpretation of results is by no means a new criticism of qualitative research methods. The personal life experiences of the researcher will inevitably be as involved in the research process, as they are in normal everyday life practices. As such, Stanley and Wise (2002:58) state that "all research must be concerned with the experiences and consciousness of the researcher as an integral part of the research process". Thus, feminists undertaking qualitative research practices should actively engage in 'reflexivity', a process where researchers locate themselves within their research and thus, throughout the research process, consider the impact of their subjectivity (Roberts, 1981; Gelshtope, 1990). As Sarwicki (1991:1) comments on this matter "as a feminist in the academy I feel obligated to look for the evidence of power and privilege in my own theoretical and methodological commitments and predilections". These considerations strengthen the research process, they are therefore undoubtedly important when considering the impact of personal values and beliefs on the research.

Whilst personal experiences can often be a starting point, in terms of igniting interest in particular areas of study (such as mental health, as was the case for myself), it was acknowledged that personal motivations and interests should not influence or determine the ways in which data are obtained. To employ such a strategy would serve to support hierarchical power relations, whereby the experiences of participants are subjugated in favour of the researchers. This would undoubtedly oppose the feminist aims of the research, one of which is concerned with exploring how formerly imprisoned women with mental health problems are constructed, and understand themselves, within a semi-penal charity setting; TWC.⁹⁹

⁹⁹ These issues are explored in greater detail in the next section of this chapter; *Participant Observation*.

For my part qualitative feminist methods were deemed to be far more appropriate given the nature of the research, in analysing the experiences of formerly imprisoned women, specifically in relation to the role and function of TWC in their post-release experiences. Therefore, whilst it was acknowledged that quantitative / statistical data can be useful for feminists, in that it can communicate on the extent of important feminist and social justice concerns (Miner & Jayaratne, 2014), it was the decision, given the arguments set out above, to focus wholly on women's own accounts of their experiences and therefore statistical data were not gathered. Semi-structured interviews, and participant observation, were considered appropriate methods which allowed the formerly imprisoned women who took part in this research to discuss their experiences and feelings, and to elaborate on matters that were of particular importance to them. The reasons for these choices are further detailed later on in this chapter.

Gaining Access to and Researching Women in a Semi-Penal Women's Centre

The research adopts a case study approach in order to analyse the role and function of one women's centre in the lives of formerly imprisoned women with mental health problems. As Berg (2009) has noted, a case study method is deployed as a means of systematically gathering in-depth information about a particular social setting. TWC was identified by the supervisor team as a potentially good site since it was a relatively new women's centre and was local to the researcher. More importantly, it was acknowledged to be a women's centre that had opened post Corston Report and therefore for research that was concerned with such sites, it was considered ideal for research concerned with gender specific programmes post Corston Report. Initial contact with the centre was made via email, following an initial telephone call where I was given the contact details of management. An appointment was thus scheduled with TWC management to discuss the remit and requirements of the research. During this meeting it was

noted by senior management that there had been a great deal of interest in TWC from prior post-graduate researchers. At that time, I was the only PhD candidate expressing interest in the centre, however two other PhD candidates entered the centre for research purposes within the first twelve months of my being there. It was thus evident, and clearly expressed by senior management, that TWC were interested in research on the centre being conducted. I was thus asked if I would provide a list of the main findings of the research so that they could, potentially, be used by the centre for advertising and funding bid purposes, this was agreed. It was also agreed that a complete copy of the thesis would be made available. These negotiations were important ethically, since staff has spent time and effort in support of the research. This occurred in relation to the use of space within TWC to conduct interviews, and staff assistance when promoting the research during the initial participant recruitment phase.¹⁰⁰

The Organisation, Structure & Routine of TWC

The organisation observed for this research was a women's centre, The Women's Centre (TWC). TWC opened in the North West of England within a few years of the publication of the Corston Report (2007) and was launched and endorsed by Baroness Jean Corston. The centre is situated in a low-income area of the North-West of England that is predominantly inhabited by a white and working-class population; the clientele of TWC are thus predominantly white working-class adult females. The centre was launched when one of its senior managers, Jean, an Offender Manager, was seconded from the Probation Service and was asked to work differently with women in the criminal justice system. TWC thus began as a small project with Jean working as an Offender Manager with responsibility for a small caseload of women, in what was considered to be a woman centred approach for female offenders in

¹⁰⁰ Please see the section *Trust, Empathy and the Recruitment of Participants*, on page 149, for a detailed consideration of the recruitment of participants, and the ethical matters pertaining to this.

the community. The following year TWC relocated premises and its remit was extended to include not just women sentenced by the courts to community orders and licence conditions, but all adult females at risk of contact with the criminal justice system. The result of its expansion was explained to me by senior managers as a means of being able to prevent women entering the criminal justice system, and as such TWC largely had a reputation as a preventative organisation. It was from this point that senior manager Jean stated that the centre truly “fitted in with Corston’s principles”, by providing a holistic woman-centred approach for female offenders and those at risk of contact with the criminal justice system.

TWC is aimed solely at adult females, and therefore any woman aged 18 years and over can attend the centre. However, it is acknowledged by its managers to be particularly beneficial for women who have transgressed the law, and those who are at risk of doing so. Indeed, the centre’s initial primary focus was statutory, as a site for Offender Management Services, but in more recent years it branched out to the charitable realm/third sector to include all adult women within its clientele.

As stated, TWC is accessible to any adult female, however for some women their presence at the centre is mandatory since they had been referred to the onsite offender management services; for some women this includes participation in onsite community payback. TWC therefore can be considered semi-penal, the union of the charity with offender management services presents the site “as offering re-integrative and restorative opportunities whilst still providing the necessary restrictions on liberty demanded by a sentence of the court” (Barton & Cooper, 2013:136). Typically, within the centre this is observable through the restrictions placed on individuals engaging in community payback.

TWC did however recruit its clientele through referrals, for example from the Job Centre, GPs, and through other third sector organisations who were aware of the range of services offered by TWC. Upon referral clients were expected to fill in a referral form which asked for basic information, such as

contact details. It however also sought more detailed information asking clients, by way of a survey, to identify areas of support required. This included: domestic abuse; physical health and disability; mental health; money management; accommodation; training, education and employment; emotional wellbeing and thinking skills, which included self-esteem; children/family; substance misuse; and sexual abuse and exploitation. Clients were then asked to detail any areas of specific support required.

As such TWC was a large women's centre, by comparison to others, daily numbers often exceeded in the region of 150 visitors. TWC's premises were thus large enough to accommodate a range of services daily, from programmes such as Neuro-Linguistic Programming (NLP), and courses on parenting, domestic violence and substance misuse. The centre accommodated support groups for women with mental health problems, substance misuse, and those with experience of domestic violence. In addition to this, it provided classes on knitting, sewing, dress making, card making, floristry, and choir singing. These classes and courses were displayed in the large community room, so women could check daily the events taking place in the centre.

In addition to this TWC hosted privatised probation services, and thus received funds from its region's Community Rehabilitation Company (CRC). The structural dynamic was important since TWC clientele thus also consisted of female offenders' subject to licence conditions and community payback. As such TWC made for an interesting case study of a large gender specific programme for female offenders and those at risk of offending.¹⁰¹

Participant Observation

Jorgensen (1989) has noted that participant observation is an applicable methodological approach for studies of almost every area of human life. Through the use of participant observation, it is possible to describe what is

¹⁰¹ These structural arrangements are further detailed in Chapter Seven.

going on in a particular social setting, to describe who or what is involved, when and where things occur, and why things occur in a particular manner; especially from the viewpoint of participants. This interpretive method is particularly useful for studying relationships among people and events, for the organisation of people and events, for examining continuities over time, patterns, and for an examination of the sociocultural contexts in which human life occurs (Jorgensen, 1989).

In addition, this methodological approach can be useful to illuminate understanding of phenomena that are hidden from the view of the public; arguably this last point is specifically pertinent to prison research and indeed other criminal justice related institutions, since such institutions are understood to be secretive (Carlen & Worrall, 2004; Scott & Codd, 2010).¹⁰² In addition, participant observation is of specific use when the research is concerned with human meaning and interaction and for critically examining theories and other claims to knowledge (Jorgensen, 1989). Therefore, for the purposes of this research, such an approach was deemed viable in order to examine the role of TWC in the lives of formerly imprisoned women with mental health problems, and for a consideration and understanding of the practices operating in centre.

Indeed, in practice, participant observation was a vital means of observing the practices of TWC, and the interactions between staff and clients who had consented to take part in the research. This allowed for the gleaning of additional information about TWC and how it functioned for formerly imprisoned women with mental health problems. Primarily participant observation occurred in the community room, although it did of course take place elsewhere; for example, in staff offices, and during interviews with participants in private/separate rooms. The community room was however the 'hub' of the centre. Largely clients gathered there and gradually left for short periods of time to engage with courses happening elsewhere in the

¹⁰² For the purposes of this research this consideration was of further importance given the context of the lives of the former prisoner participant group.

centre. As such, I often seated myself in the community room as it presented itself as the best location from which to observe the everyday practices of TWC.

In terms of noting down my observations, this was generally done in my car before leaving the centre. This was the easiest means of writing down my observations, as soon as possible, after a day in the centre, and was further the most appropriate means of doing so unobserved by TWC staff and clients.

Trust, Empathy and the Recruitment of Participants

As Bondi (2003) has noted, the feminist researcher is likely to occupy a position between both observer and participant, and that immersion and reflection are integral to empathy. In feminist ethnographic research this allows the researcher to manage encounters openly and respectfully. This was important when speaking to women with experience of imprisonment and mental health problems. Furthermore, since feminist research promotes notions of respect and non-judgment, this approach to relationships between myself and respondents was deemed essential.

My attendance at TWC began in November 2015, and the data collection period for observing both groups of participants, staff and former prisoners, began early the following year, in February following the receipt of Edge Hill University ethical clearance. Ethical approval allowed me to interview and observe both participating staff and clients on TWC premises, however it allowed me to only record the practices of TWC where non-participating clients and staff were involved. The ethical clearance also allowed me to conduct interviews off the premises of TWC, if this was preferable to participants. In terms of any limitations/restrictions of ethical approval, the transcription of interviews was only to be conducted by me, however this was not seen as a limitation and was instead viewed as essential in terms of maintaining respect toward participants. It was further considered

a vital part of data analysis, since I was reminded of how respondents felt, and how I also felt as the researcher, when listening to their experiences.

My early presence in the centre was undoubtedly important for establishing trust. Between November 2015 and February 2016, I had become a recognisable and familiar face in the centre before data collection commenced. My initial time in the centre was spent talking to other visitors in the community area, usually drinking tea and talking with clients and staff. During this time, I was engaged in processes of 'getting to know' potential participants of the research. As a result, I became engaged in a number of activities operating in the centre. This was an important means of establishing common ground and trust with both staff and the clients.

Whilst empathy and connections between researcher and researched are undoubtedly important for feminist research, Maria Mies (1991; 1993) has addressed what she conceives of as 'conscious partiality', a notion which acknowledges a partial identification with research participants. Whilst sharing common experiences may lead to empathy and connection and a greater likelihood of validity in research data, there undoubtedly will remain concerns regarding difference. There are limits to identification between researchers and researched, when experiences differ, thus conscious partiality, when acknowledging difference, avoids the prior pitfalls of generalising women's experiences through a sole identification of commonalities (Mies, 1991; 1993). Partial identification with participants, as opposed to the development of firm friendships, may be more plausible and indeed likely in some instances. For my part a similar approach to Mies was adopted, since some distance was inevitable between myself and the two participant groups involved. For staff, at times, I was viewed as a potential critic of the practices and policies deployed within the charity. This was evident when a senior member of staff asked me what other members of staff had said in their interviews.¹⁰³ This indicated that there was, at times, concern about how the

¹⁰³ The outcome of this encounter was not problematic. I reminded the participant of the reassurances of confidentiality, and that this therefore meant that I could not disclose this information. This justification was respectfully accepted.

charity was being presented to me by other participating members of staff, and thus how I would articulate these views. For some clients/former prisoners some distance was also inevitable, on more than one occasion I was asked where their responses to the interview questions would go. One participant asked precisely if the data “would go to the government?”.¹⁰⁴ These concerns meant that for some women distance could not be overcome and close friendships could not be established.¹⁰⁵ I was generally acknowledged by both groups to be a researcher, therefore neither staff, nor client, nor friend. I thus remained somewhat external to the centre. It was stated by some clients, when I first attended TWC that a number of prior researchers had passed through the centre and had not been seen since. These power dynamics were undoubtedly important, and clearly reflected prior concerns regarding participants as ‘data to be obtained’. I therefore ensured my presence at the centre was regular, usually in the region of two to three days a week and ran over a significant period of time¹⁰⁶ in order to facilitate respectful relations. Once data collection was completed, my withdrawal from TWC occurred gradually over a period of two months, whereby I reduced the frequency of visits week on week.

Empathy is clearly an important issue in relation to respect and non-judgement. As Bondi (2003) has noted, it should be considered in relation to the movement of the researcher between the positions of observer and participant. This movement between immersion and reflection allows

¹⁰⁴ On such occasions I reminded participants that their contributions would be completely confidential, their names and any specific events that could lead to their identification would be changed/alterd. This provided reassurance, and all women who asked this question consented to take part. Moreover, participants were reminded that their data would be reviewed only by the researcher and supervision team. They were also advised that their data would be used for the purposes of doctoral research at Edge Hill University, and in addition may be used for conference presentations, teaching and publications. This was received well by all participants, with some participants expressing appreciation that their experiences would be related to a wider audience.

¹⁰⁵ This was not considered problematic since friendships are not usually established in this way.

¹⁰⁶ As noted earlier, I was present in the centre from late (November) 2015, and data collection began in February 2016 on receipt of ethical approval. The data collection phase was complete by May 2017, and my withdrawal from the centre concluded in July 2017.

encounters to be considered openly and respectfully, thus developing and sustaining relationships to gather meaningful and dependable information. Jorgensen (1989) further notes that of importance to this is ensuring that the researcher is open and willing to listen, seeks out common interests, makes self-disclosures, and if applicable seeks out common experiences. For the former prisoner participant group an acknowledgement of my personal experiences, in living with a parent with mental health problems, was disclosed. This formed an important part of 'getting to know' each other. It was furthermore a disclosure that arose on many occasions, and which was usually prompted by a common question 'why are you looking at mental health?'. This disclosure initiated an open and honest discussion of personal experiences on part of the researcher, and participants. However, whilst these similarities of experience were very important, there remained key differences, which for the majority of participants related to their experiences of poverty, domestic violence, drug and/or alcohol addiction, and the stigma that is faced as both a former prisoner, and as a person experiencing mental health problems.

The initial process of getting to know staff orientated around a discussion of my research, which again promoted the 'why mental health' question. Therefore, my personal experiences with this group were also discussed; this at times facilitated open discussions on similar themes and personal experiences. Whilst such disclosures certainly aided the relationships between myself and both participant groups, in terms of respect and understanding, I nonetheless remained a 'temporary visitor'.

During the early stages of the data collection period, the recruitment of participants started with the former prisoner group. Clearly, there were a number of ethical issues to consider during this phase, therefore after discussion with senior staff it was agreed that I could display flyers around the centre, so that potential participants could choose to disclose either to staff, or to myself, that they would like to take part in the research. I also delivered three presentations at the centre, which were advertised widely in the centre

prior to the event. This method enabled women to attend without initially disclosing to staff or myself that they were a former prisoner, since sessions were open to all clients of TWC. These approaches to participant recruitment were important given the nature of the research.¹⁰⁷ The criteria for TWC clients to participate were twofold. First, that they had experience of imprisonment since the publication of the Corston Report (2007), and second, that they had experienced mental health problems prior to their imprisonment. In relation to this, participants were not asked to authenticate their claims of experiencing mental health issues, through reference to an official diagnosis. Expecting women to do this would serve to subjugate their knowledge through privileging official/medical 'expert' discourse; an action which would have undermined the feminist principles and aims of the research.

Some women who were known to meet this criterion were approached by TWC staff and made aware of the research. It was made explicit to staff that all women approached must be made aware of the voluntary nature of the research, so that they did not participate as a means of pleasing staff, or feel as if they must comply with staff expectations. In cases where women expressed immediate interest, they were then introduced to me where the research was discussed in detail, and the voluntary nature was again explicitly acknowledged. In many cases this initial introduction was the first stage in the 'getting to know each other' process, and as such this initial introduction was lengthy in some cases. In cases where immediate interest in participating was not expressed to staff, women were given my contact details should they wish to think about the research before talking directly with myself. This was important since the decision to disclose to me, that they met the criteria of the research was then solely theirs. In most cases women expressed an immediate interest in the research. The most common reason for participation given was that it was important to be able to talk about mental health problems, since they are problems so frequently experienced privately. Other women

¹⁰⁷ As discussed in Chapter Three, the experience of both imprisonment and mental health problems can be considered a dual stigma, since they are likely to result in barriers to participation in social and economic relations.

expressed a desire to talk about the importance of the role of TWC in their post-release experiences, and for some a clear need to talk about their experience of imprisonment was expressed.

The recruitment of staff initially began as a means of consenting to the participant observation phase on the premises of TWC, in order for its role and function in the lives of formerly imprisoned women to be analysed. Recruitment of staff for participation in the interview stage occurred later in 2016, once the interviews with former prisoners were complete.

It had initially been anticipated that other charities would be approached in order to achieve a suitable number of former prisoner participants. Given the stigma attached to imprisonment and mental health, such considerations were important.¹⁰⁸ It did in fact take an entire year to recruit fourteen formerly imprisoned women. During this time some women expressed initial interest and then did not remain in touch or respond to communications. The reasons for which could undoubtedly be numerous, however it was understood that given the significant social and economic hardships experienced by many formerly imprisoned women, remembering to attend an informal interview, with me, may well be forgotten amongst more serious concerns. Further discussions with staff on this matter indicated that some women, whilst meeting the criteria to participate, would not do so as they were in legal disputes with ex-partners over the custody of their children, and their former partners were citing their mental health problems as a reason to gain custody. Thus, it was perceived that in taking part in research that required a personal acknowledgement of mental health difficulties, this would add legitimacy to the claims made about them.

¹⁰⁸ This concern was alleviated when it became apparent that there was an increasing interest in the research within the centre. It was thus acknowledged that, with time, a sufficient number of participants would likely be recruited from TWC. This was fortunate, since it allowed for the adoption of a case study approach.

Participant observation is undoubtedly a useful method however it is rarely used alone. Therefore, participant observation was combined with a narrative based approach, which directly involved the use of semi-structured interviews.

Andrews, Squire and Taboukou (2013) have identified two themes in narrative research, firstly the focus on *recounting past events* that happened to the speaker/narrator, and secondly *experienced based work*, which explores the accounts that range in duration from small sections of interviews, to entire histories of life experience. These can incorporate both event-centred narratives and experiences centred ones, this is important since they can converge at times. Experienced centred narratives can incorporate more than just the spoken word, they can include various media forms, including; multi-volume diaries; visual materials, such as photos; and video diaries. Importantly, whether narrative research is focused on recounting past events, or is experienced based, both assume that there are personal/internal interpretations of events through thoughts and feelings, which give rise to external expression (Andrews et al, 2013). Experience centred research, a clear focus of this research, is concerned with the notion of representation and how this can vary drastically over time, and across the individual circumstances of one's life. Therefore, a single phenomenon, such as the experience of mental health for former prisoners, may produce very different narratives, even from the same person (Bold, 2011; Andrews et al, 2013).¹⁰⁹

Medlicott (2001) has argued that prisoner narratives are essential in understanding the daily lived reality of prison regimes. This point is undoubtedly pertinent to the experience of formerly imprisoned persons with mental health problems, since such experiences occur within institutions that

¹⁰⁹ Andrews et al (2013) have highlighted a third theme in narrative research, that of co-constructed narratives (for example conversations between people; such as email exchanges). In this view, narratives are seen as a form of social code, whereby narratives are not seen as expressions of an internal state.

are secretive. Therefore, a qualitative analysis, as is the approach here, was considered a more viable means of exploring their experiences post-release. Critics of a narrative approach may however view it negatively as a means of allowing former prisoners to talk aloud (Medlicott, 2001). Such concerns however are likely to reinforce, and/or indeed draw directly from, the notion that prisoner narratives are not legitimate forms of knowledge. A sentiment which can be linked to the idea that those who are penalised by the criminal justice system for their law-breaking behaviour, are not trustworthy, reliable or credible (Scott & Codd, 2010). What is of particular importance here is the very nature of silencing the voices of formerly imprisoned women, and furthermore the current ideological nature of society in delegitimizing the opinions of prisoners and former prisoners (Medlicott, 2001; Scott, 2009; Scott & Codd, 2010). The nature of society tends to deny humanity to prisoners (Scott, 2009; 2015), as has been acknowledged through the adoption of Foucauldian feminist and abolitionist perspectives in the prior chapter. These processes of dehumanisation prioritise the voices of those in positions of power (Foucault, 2002; Sim, 2009; Scott, 2009; Scott & Codd, 2010).

Having discussed some of the issues pertaining to narrative based research, it is important to note that the lives of formerly imprisoned persons are contextualised by a series of social and economic disadvantages (Eaton, 1992; Carlen & Worrall, 2004; Moore & Scraton, 2014; Carlton & Segrave, 2016). Carlen & Worrall (2004) have thus noted that it is inevitable that the researcher will be faced with a large spectrum of experiences, arguably in the case of former prisoners with mental health problems, largely negative ones. This was certainly the case for me. The formerly imprisoned women I spoke to discussed issues such as self-harm, suicide attempts, domestic violence, child sexual abuse, and drug and/or alcohol addiction. They further discussed feelings of loss, worthlessness and helplessness, which were overwhelmingly cited as the reasons for their consumption of drugs and/or alcohol; in order to numb mental pain.

Diana Medlicott (2001:38) has used what she termed *disciplined empathy*, to negate the issues associated with this. It is a notion that recognises the need to present oneself to participants in an open and non-judgemental manner, to place yourself in the position of the speaker, to consider the constraints on their lives, to be tolerant, empathetic and sympathetic, but in an emotionally controlled manner. As Medilcott (2001) notes, it is easy to become overwhelmed by what one hears, given what we understand about the lives of formerly imprisoned women. Given the prior noted concerns that women related to me, emotional control was an important means of managing, as far as was possible, strong reactions to often harrowing narratives. For example, one woman had discussed with me that at her lowest points she lay awake at night “thinking of ways to kill [her]self”, and another woman sobbed in front of me when recounting a past trauma; sexual abuse in childhood. Being confronted with such knowledge is inevitably difficult. Disciplined empathy is therefore far more difficult than it appears on paper, however it was achieved through a recognition of the importance of their narratives, and the time that they had invested in speaking to me about some of the most difficult experiences of their lives.

Medlicott (2001) further notes however that it does not always follow that empathy will be inherent when establishing relationships. She notes that she faced this particular dilemma, in her study of suicidal male prisoners, when she was presented with a respondent who had committed an offence that she had found to be morally abhorrent. Clearly then, like and trust are not easily established in such cases. An obvious response to this dilemma, due to the risk of falseness in interpreting narratives, may well be to exclude that participant from the study. However, since feminist research places the principles of inclusion, experience and tolerance at the core of its analysis, it was acknowledged that participants that presented problems in terms of empathy would not be excluded. Whilst I encountered no such difficulties, in terms of the offences committed by the women I interviewed, some women were easier to talk with than others. One woman, Adele, who by her own

admission was addicted to illegal drugs, could become irritable when experiencing withdrawal symptoms. These situations were met with tolerance and respect, and for this particular participant the interview was conducted at a time when she was not experiencing such difficulties.

Semi-structured interviews were deemed favourable to other methods, such as questionnaires, for two reasons. Firstly, questionnaires offer no flexibility to the interviewee; there are generally strict questions to be answered (Noaks & Wincup, 2004). Secondly there are considerable illiteracy issues in prison populations (Scott & Codd, 2010), and it was therefore deemed likely that former prisoners would present these issues. Thus, for ethical reasons, as well as practical reasons, questionnaires were deemed unfeasible and indeed undesirable given the aims of this research. Furthermore, the use of semi-structured interviews, as opposed to structured interviews, was considered viable since an open question approach invites the interviewee to talk at length on a given issue/topic that is of personal importance. Therefore, it is contended that they offer greater opportunity to provide a more personal and detailed picture of the experience of imprisonment and post-release services, a women's centre in the case of this research, through the use of follow up questions (Noaks & Wincup, 2004). Semi-structured interviews were also deemed preferable to alternative interview approaches such as narrative approaches, where it is the "researcher's responsibility to be a good listener and the interviewee is a story teller rather than a respondent" (Hollway & Jefferson, 2000:31). Thus, whilst narrative interviews are "open to development and change, depending on the narrator's experiences" (ibid), and therefore allow participants to talk at length about their lives, it was nonetheless of importance for the research that specific questions be asked in order to ascertain in detail how TWC functioned for formerly imprisoned women. It was therefore important that I could steer the conversation back on course in order to address specific questions which were vital in terms of addressing the aims of the research. However, invariably for some women the initial question "tell me a little bit about you" often prompted long narratives.

In such cases participants were not interrupted and were able to talk at length as they unveiled full life histories. When this occurred, I discarded questions from the interview schedule that had been fully answered, and then addressed questions on the schedule that had not already been considered.

Such considerations were also undoubtedly important for staff participating in the research. The semi-structured approach thus ensured that key questions were asked, whilst also allowing staff to elaborate on aspects that were deemed to be of particular importance to them.

In the case of formerly imprisoned women with mental health problems, allowing for flexibility in responses was also deemed essential for ethical reasons, since their voices are often silenced. The lives of women in prison are contextualised by unequal power relations; through the application of rules imposed by the prison regime (Carlen, 1990; Carlen & Worrall, 2004). Therefore, it was deemed that placing further restrictions would be undesirable for the feminist position adopted. Furthermore, since many of the women who took part in the research were still formally under the gaze of social services, and probation services, a less formal approach was justifiable ethically and morally. The semi-structured approach, as opposed to a completely unstructured approach, whilst demanding flexibility from the interviewer in terms of keeping the interview on track, thus allows for the discovery of meaning (Noaks & Wincup, 2004). Whilst a narrative interview approach may have lessened these concerns further, as noted, it was nonetheless important that key questions were asked in order to realise the aims of the research.

The deployment of a variety of techniques (in using semi-structured interviews and participant observation) allowed for inferences to be drawn or followed up. As Bryman (1988) has noted, the use of participant observation in conjunction with semi-structured interviews allows for the gleaning of additional information. For instance, observing particular facial expressions prompted follow up questions in the interview setting.

The interview schedule for formerly imprisoned women¹¹⁰ addressed the following main factors: life before prison; life in prison; and life experiences upon release- which incorporated their immediate release experiences and their experiences and relationships with TWC. The staff interview schedule¹¹¹ focused on: their views and opinions on the experiences of formerly imprisoned women with mental health problems; and their experiences and perspectives on the role and function of TWC for formerly imprisoned women with mental health problems.

Interviews were recorded on a digital recording device.¹¹² It was considered that this would facilitate a less formal approach since a recording device is more likely to be forgotten about than constant note taking. Note taking whilst participants relate their opinions and experiences is more likely to remind them of the interview as a research process, rather it being seen more generally as a conversation between researcher and participant (Noaks & Wincup, 2004). Interviews with the former prisoner group were rarely planned in advance, three interviews were planned in advance; only one of these three women turned up for the interview. It was thus understood that lives of this group were often turbulent, in terms of financial uncertainty, housing difficulties, domestic violence, and drug addiction (to name but a few). It was noted and accepted that women may be unlikely to remember or prioritise an interview date, this was a point often made to me by staff in the centre. Therefore, some interviews often occurred as a matter of chance, when we crossed paths at centre at a later date after discussing the research. In a number of cases I asked women what days they usually attended the centre, I then ensured that I attended on these days. For the staff participant group, appointment dates were easily established in person or by email. On one

¹¹⁰ See Appendix One

¹¹¹ See Appendix Two.

¹¹² With the exception of one interview, with a former prisoner, who stated that she felt more comfortable with note taking. Allowing this group of participants the choice of interview location within the centre, and the choice over recording or note taking, was deemed an important means of allowing women to exert some control over the situation. This was of further importance since all of the women interviewed had experience of formal interview settings, for example in police and probation settings.

occasion a staff interview was rescheduled as the centre became too busy to support the loss of a member of staff.

Interviews for both groups averaged one hour, however some interviews were close to two hours in length. The majority occurred in a private room within the centre, however on two occasions with the ex-prisoner group interviews occurred in the community room, at the request of the participant. The interviews were transcribed and analysed, in terms of looking for patterns and themes, through the use of feminist Foucauldian discourse analysis, which the chapter now outlines.

The Analytical Approach: Discourse Theory

Discourse has been central for an understanding of power relations. As Hall (1997) contends, its analysis is important for an examination of the ways in which language informs practice/action. As such, Foucault's conceptualisation of power, as outlined in the prior chapter, has been important for feminists envisioning new discourses. Feminist theory has drawn extensively on Foucault's work on discourse, whilst this may seem somewhat ironic, since Foucault's work has not been easily applied to feminist concerns.¹¹³ His theorisation of discourse was particularly useful for a consideration of power relations. As Mills (2004) has argued, feminists have been able to move beyond simply seeing women as a group oppressed by men, through a consideration of the power relations maintained and resisted in every-day life. The recognition that women can oppress each other¹¹⁴ has been important in the recognition of the complexity of power relations and is therefore essential for this research, which is concerned with the role and function of one women's centre, TWC, in their post-release experiences.

¹¹³ As noted in Chapter Four, Foucault was quite obviously indifferent to gender. As Mills (2004) notes, his work on sexuality marginally addressed issues female hysteria and certainly did not address the relationship of gender to women. See Chapter Four for further detail on the tensions between Foucault and feminist thought.

¹¹⁴ The work of Kelly Hannah-Moffat (2001) in this respect has been insightful. As acknowledged in the previous chapter, she has argued that patriarchy is not a particularly useful concept, since it overlooks the power that women hold and exercise over each other.

Thus, the acknowledgement that women can coercively wield power over each other allows for recognition of the potentially coercive nature of approaches that propose to be for, and by, women (Hannah-Moffat, 2001; Goodkind, 2009). For this research, such concerns are central since all participants have been drawn from one research site, TWC, which was opened in response to the Corston Report (2007), and which is posited as a woman centred approach where ‘women support women’.¹¹⁵

Furthermore, Foucault’s analysis of power has allowed for the development of a complex model of power relations that equally considers the determining contexts of race, gender and class, as opposed to privileging one over others. As Mills (2004:70) notes:

Whilst hard-line Marxist theorists would still consider class to be the most important factor in the oppression of certain groups, and would consider gender simply as a form of secondary exploitation, a Foucauldian analysis would see class concerns integrated with concerns about gender.

However, as Weedon has argued, Althusserian Marxism also offers important insights since, like poststructuralist feminist perspectives, there is an acknowledgement that language gives meaning to the world. Whilst Althusser (1971) considered the material nature of ideology, poststructuralists have considered the relationship of discourse to “economic relations of production, the class structure of society and the integral relationship between theory and practice” (Weedon, 1997:31). There is however no assumption that discourses and the social powers that they may inform, are reducible to the modes of production. Thus, a Foucauldian approach, as is the case for this research, allows for the consideration of other power structures, such as gender and race, which are not simply added on to a more central analysis of class relations.

¹¹⁵ The following chapter discusses the research site, TWC.

Foucault (2002:2-3) described discourse analysis as “games, strategic games of action and reaction, question and answer, domination and evasion, as well as struggle... a strategic polemical game”. Discourse analysis can be understood as a way of understanding the way in which language moulds our understanding of reality, and how we respond to these meanings. It is concerned with the exploration of connections between knowledge and power, and how practices and systems of power shape dominant views on a given subject (Weedon, 1997; Yates, 2004; Howe, 2008). Discourse is thus defined as being about more than just language, it is acknowledged to be a system of objects, language, and practice/action (Hall, 1997; Weedon, 1997).

Foucault (2002) used the term *discursive field* to describe the notion that multiple discourses compete to give meaning to the world. He further noted that within these discursive fields, some discourses will support knowledge which is founded on a ‘common-sense’ view on a given subject. Discourses which are deemed to deviate from this ‘common-sense’ view may well be sidelined, or disqualified as incorrect or even false (Howe, 2008).¹¹⁶ Those discourses which belong to the same discursive field utilise discursive practices. This means that knowledge, for example on formerly imprisoned women with mental health problems, will not just appear at one institutional site, or within one text; it will be present at a range of institutional sites, and in a range of texts within a particular society (Weedon, 1997; Foucault, 2002). Discourses, it can be argued, belong to the same discursive formulation when they adopt the same rules and structures that allow for the communication of specific modes of reasoning/argument on a particular subject (Weedon, 1997; Howe, 2008). Whilst there may be many interpretations, or perceived meanings or realities, Foucault (2002) argued that one interpretation will tend to acquire a dominant position over the others. Representations of the ‘nature’

¹¹⁶ This has often been the case with dissenting discourses, such as Feminism and penal abolitionism, which challenge dominant/hegemonic knowledges.

of women who contravene the law therefore compete with one another; there may therefore be a multitude of representations competing for dominance. In addition, Foucault argued that there can be no exercise of power without there being an economy of truth; power cannot be exercised without the production of 'truths'. Foucault used the term *regimes of truth* to define these discourses:

Each society has its regimes of truth, its general 'politics' of truth: that is the types of discourse it harbours and causes to function as true: the mechanisms and instances which enable one to distinguish true from false statements, the way in which each is sanctioned; the techniques and procedures which are valorised for obtaining truth: the status of those who are charged with saying what counts as true (Foucault, 1980a:131).

Of importance then, in analysing regimes of truth, is an acknowledgement of the effects of discourse. Power and knowledge are essential for this acknowledgment, since knowledge is created through the exercise of power (Hall, 1997; Weedon, 1997). Foucault (2002) termed this the *power/knowledge axis*; power and knowledge are deemed inseparable:

"Truth" is centred on the form of scientific discourse and the institutions which produce it; it is subject to constant economic and political incitement (the demand for truth, as much for economic production as for political power); it is the object, under diverse forms, of immense diffusion and consumption (circulating through apparatuses of education and information whose extent is relatively broad in the social body, notwithstanding certain strict limitations); it is produced and transmitted under the control, dominant if not exclusive, of a few great political and economic apparatuses (university, army, writing, media); lastly, it is the issue of a whole political debate and social confrontation ("ideological" struggles) (Foucault, 1980a:131-32).

For Foucault there is a political economy of truth, whereby discursive battles for are played out. In this way *regimes of truth* limit the discursive field by ruling in, and ruling out, specific discourses on a given subject (Foucault, 2002; Scott, 2009). Certain knowledges will be subjugated as illegitimate, inaccurate or even false; therefore, some discourses are more powerful than others (Hall, 1997). Foucault used the term *subjugated knowledges* to define those discourses that are disqualified on the presumption that they are

inaccurate, false, naïve, or even deceptive. He distinguished two different forms of subjugated knowledge. He used the term *the buried* to describe academic knowledge/discourse that is discredited, and the term *disqualified*, to define local knowledge (of the lay/uneducated person) that has been disregarded through presumed naivety and/or inaccuracy (Foucault, 1980b:82). It can thus be argued that an order, or hierarchy, of credibility exists (Foucault, 2002:165). For this research such considerations are important since the views of former prisoners, and indeed those with mental health problems, may be readily discredited as untrustworthy or unreliable.

Discourse analysis, as a methodological tool, is important due to its ability to detach the power of truth from the forms of hegemony (social, economic and cultural) within which it operates at a given time. Furthermore, it is useful for understanding how social relations are produced and maintained, and how these power relations are resisted. It can therefore highlight how social inequalities are reproduced and reinforced (Mills, 2004; Howe, 2008). With regards to this research, Foucauldian discourse analysis was considered to be a viable and important means of showing how gendered power structures are reproduced and maintained. It was furthermore useful as a means for highlighting how formerly imprisoned women, with mental health problems, understand themselves and how they are constructed by staff within TWC.

As I have noted previously,¹¹⁷ Foucauldian discourse theory is a useful means of describing *how* discourses claim to speak truth and *how* they, on this basis, claim legitimacy in exercising power in a society that values this depiction of truth. However, as Scott (2009) contends, Foucauldian Discourse Analysis (FDA) is not particularly useful for asking *why* questions, and suggests that it becomes far more useful when it is augmented with a further set of principles, namely those associated with abolitionism.¹¹⁸ Thus, following

¹¹⁷ See Dunbabin (2013).

¹¹⁸ See Chapter Four for a discussion of abolitionism and a woman wise penology (Carlen, 1990), which further details the justifications for this augmentation.

Scott (2009), this approach considers that whilst FDA is a useful means for describing *how* women prisoners with mental health problems are conceptualised, and how indeed they understand their own experiences, it cannot ask *why* these conceptualisations are important. Therefore, adopting an abolitionist approach allows for a consideration, and evaluation, of the legitimacy of punishing and managing formerly imprisoned women mental health problems. As Scott (2009:37) notes “to do this requires a consideration of the construction of penal legitimacy in belief systems and discourses”.

The use of feminist Foucauldian Discourse Analysis, alongside participant observation and semi-structured interviews, enabled the research to examine how formerly imprisoned women with mental health problems are constructed by staff within TWC, but also how they constructed themselves. This method therefore allowed for an understanding of the way in which language shapes our understanding of reality and ultimately, the way we react to these understandings/interpretations of the social world we live in (Yates, 2004; Mills, 2004). The use of feminist Foucauldian discourse analysis allowed for a critical analysis of the narratives of TWC staff and formerly imprisoned women (clients of TWC) by checking for continuity, discontinuity, patterns and themes within their discourse. A key consideration, following the concerns of gender responsivity scholars (Hannah-Moffat, 2001; Goddkind, 2009; Haney, 2010) were any patterns and themes that conformed to neoliberal strategies of responsibilisation. Ultimately, Foucauldian discourse analysis was a viable methodological approach to deploy, since it can challenge dominant/hegemonic discourses, by attempting to detach the power of truth from them (Weedon, 1997; Dunbabin, 2013). This is particularly the case when Foucauldian discourse analysis is augmented with a feminist abolitionist standpoint. Challenges can thus be made to the discrimination and stigma faced by formerly imprisoned women with mental health problems, and indeed to the legitimacy of imprisoning them in the first place.

Chapter Six: Imprisoning Women with Mental Health Problems

The chapter examines the life histories of 14 formerly imprisoned women with mental health problems through a consideration of their prison and release experiences. The chapter therefore aims to give voice to the formerly imprisoned women who took part in this research.¹¹⁹ Through utilising the theoretical and analytical framework outlined in Chapters Four and Five, and a consideration of the existing literature on women's post release experiences (Eaton, 1990; Carlton & Segrave, 2011a; 2011b; 2013; 2016; Kendall, 2013), the complexity of the lives of fourteen formerly imprisoned women is analysed. As such, histories of mental health problems, substance misuse, poverty, isolation, criminalisation and imprisonment are addressed, thus allowing Chapter Seven to consider the role of The Women's Centre (TWC) in responding to this complexity.

Introduction

At the time of the interviews the 14 women were aged between 22 and 57. They all described their ethnic origin as white British, with the exception of one woman, Laura, who identified as West Indian.¹²⁰ All had been formerly imprisoned and were recruited from TWC, a female only charity, probation and community payback site which provides services aimed at adult female offenders and those at risk of offending.¹²¹

The length of time in prison ranged from three weeks remand and sentence, to a three-and-a-half-year sentence. The offences for which they had been remanded or sentenced included: arson; common assault; secondary drug supply; street robbery; theft; anti-social behaviour; train fare evasion; and perverting the course of justice. Seven women had been to prison more than

¹¹⁹ Please see Appendix Three for biographical information about all 14 formerly imprisoned women.

¹²⁰ This was reflective of the demographics of the area.

¹²¹ The following chapter examines the role and function of The Women's Centre (TWC) in their ongoing post-release experiences, through a focus on both former prisoner and staff experiences and perceptions on its role and function.

once, and seven had been sent to prison for the first time, prior to their involvement in the research. Eleven women had criminal convictions in addition to the offences which had resulted in their imprisonment. These offences included: shop lifting/theft; being drunk and disorderly; drink-driving; anti-social behaviour; common assault through domestic violence; and train fare evasion. In addition to this, all 14 women acknowledged that they had experienced mental health problems prior to being imprisoned. These experiences included: schizophrenia; depression; anxiety; panic attacks; eating disorders; PTSD; and adult ADHD.¹²²

Inequality, Mental Health and Criminalisation

It has long been understood that the majority of prisoners are drawn from the most deprived areas of Britain, where social and economic marginalisation is prevalent. It is furthermore acknowledged that those experiencing mental health difficulties are disproportionately drawn from such areas (Durcan, 2008). As WHO (2015:9) have stated, common mental health problems such as depression and anxiety are “distributed according to a gradient of economic disadvantage across society” (WHO, 2015:9). Poverty, physical health problems, and discrimination are thus factors unsurprisingly linked to the experience of mental health problems.

Prior research on imprisoned women has indicated that all too frequently their lives are contextualised by a series of social and economic disadvantages (Carlton & Segrave, 2011a; 2011b; 2016). For Carlton and Segrave (2011a; 2011b; 2016), imprisonment extends and reinforces these disadvantages, as opposed to being an isolated event (Carlton & Segrave, 2011a).¹²³ They have therefore noted that “demarcations between imprisonment, release and time spent in the community do not resonate with women’s experiences” (Carlton & Segrave, 2011a:288). This point was of

¹²² See Appendix Three for biographical information on all 14 formerly imprisoned women.

¹²³ See Chapter Four for a detailed consideration of this literature.

considerable importance for the formerly imprisoned women who took part in this research. Demarcations between imprisonment, release and time spent in the community could not be made. Their experiences of imprisonment were not disconnected from life events incorporating poverty; limited education (no qualifications in many cases) homelessness; domestic violence; being in care as a child; sexual abuse; mental health problems; self-harm; attempted suicide; and drug and alcohol misuse. These experiences had frequently provided the foundations for their criminalisation and imprisonment, as Kelly articulated:

I've had a bit of a rocky upbringing I was in care from 18 months, in respite care to six. Then got took off my mum fully at seven, and then got adopted at 12. Adoption broke [down] two years later at 14. I've lived on the streets, in hostels, due to all that I started getting depressed. I was an alcoholic at 13, coke head at the age of 13...then I hit jail. I hadn't been employed for six months before prison, I was in a hostel. So that's what kind of led me to the prison, living in hostels. (Kelly)

Similar experiences were articulated by many of the women who took part in this research. Norma, a woman in her early-fifties, stated that she had experienced mental health problems since she was a child, which included schizophrenia and depression. These experiences were complex and entwined with life experiences which included: poverty; the loss of a family member to suicide; domestic violence; sexual abuse in 'care'; imprisonment as a child; and drug and alcohol use. She stated that she had spent the vast majority of her life in and out of prison. When asked how many times she had been sent to prison she said:

Loads of times, do you know what I mean? ... through my life. I used to bounce through it, but now I'm too old for it. (Norma)

Many of the women like Norma had experienced prison more than once. As previously noted, seven of 14 women acknowledged that they had been imprisoned on two or more occasions. Of the seven women that stated that they had been imprisoned once, three at the time of interview noted that they had not experienced repeated contact with the criminal justice system since their imprisonment.

A common experience acknowledged was the use of drugs and/or alcohol to cope with mental health difficulties. Kate described experiencing anxiety and depression prior to her imprisonment, and related that that she used alcohol excessively to “cloud myself, medicate myself really. Conk yourself out, so you don’t think anymore”. However, this method of managing her mental health difficulties came with consequences, as she described:

Alcohol was changing me into quite an angry [person]; aggressive or just doing stupid things. I was going haywire at the beginning of my AA and this was when I was getting into trouble. (Kate)

Kate was remanded into custody for three weeks, after breaching the conditions of her bail. This, she stated, was directly related to her alcohol abuse.

Barbara had also used alcohol as a coping mechanism, and she stated that she used it excessively to deal with the sudden death of her child:

When [they] died I needed something. I was in a right state, a right state, a right mess with burying [them] and lying with [them] dead in [hospital]. So, what happened with me there I did go wrong. I hit the alcohol abuse bad when [they] died because I couldn’t cope with [their] death and that was better than being suicidal. (Barbara)

She further explained that her alcohol use had led to her imprisonment:

That’s how I ended up in prison, drinking...the alcohol abuse. That’s why the judge put me in [prison]. (Barbara)

Gemma, a woman in her fifties, also articulated the consequences that arose from substance misuse:

As soon as I picked heroin up, at first it was ok because the fella I was with was dealing drugs, but when he went to prison I found out what the consequences were of using heroin ... and the withdrawal... I didn’t know how to cope with two children. The children were used to having their mum there. All of a sudden, they were going with me as smoke screens because I’d have to go shoplifting to fend for my habit, *and with that came criminal convictions*, and being caught and going to police stations. And then it came to a point where there [were] three warrants out for my arrest, and I got arrested on a Sunday evening and they knew I was going to be remanded in custody, so the police gave me a chance to take the children to a place of safety. (Gemma, emphases added)

Thirteen of 14 women acknowledged that they had used drugs and/or alcohol. The use of these substances was frequently noted to be a means of masking, or numbing, unwanted thoughts and feelings:

I was going through a lot of grief with my family, so I was starting to use that [alcohol] to mask it. (Toni)

I think it was to mask out my childhood and my feelings about my childhood, burying my childhood, so I didn't have to deal with it. (Kelly)

I used drugs and alcohol prior to prison, I use them still. I'm in between them both. I lost two kids.¹²⁴ (Adele)

Margaret explained that she had experienced domestic violence and sexual abuse as a child, and that she had used crack cocaine:

Because of my dad, to block the abuse out. My dad used to torture my mum, beat my mum up and all that, and make me watch []. So, I used to sneak out the bedroom window, you know... go out with men for company. They'd give me sweets and all that, and then they used to interfere with me.

Clearly, for many of the formerly imprisoned women who took part in this research, their experiences were so painful that they had resorted to drug/or alcohol use. Eight women disclosed further that, as a result of these experiences, they had self-harmed and/or attempted suicide:

When I was about 15 I was really unhappy because it was a cycle of like abuse, different kinds of abuse. Not having what you'd consider to be a normal childhood, I hate that word but... and then it got to the point where I thought I can't keep doing this. *The first time I tried to take a lot of tablets*, I was sick and when I was sick, with the tablets, everything I ate also came up. Then I thought I didn't feel so bad, I was empty again, I actually felt ok. So just this cycle started. If I can eat and then bring it back up I won't put weight on, but I can still eat. That was it. That's pretty much how it started. *The self-harm started because I tried to slash my wrists to kill myself*, it didn't work because I didn't cut deep enough, but the blood... *for some reason I felt better*, short term, but it worked. *If I cut myself, if I eat and vomit, short term I felt better*. (Laura, emphases added)

¹²⁴ Adele did not disclose how she had lost her children.

Self-harm was therefore, for Laura, viewed as a short-term survival mechanism. It was considered as a means of releasing mental pain, by converting it into physical pain. Whilst Laura stated that her self-harming had been initiated by an attempt to commit suicide, she nonetheless viewed her self-harm after this event as a method of survival as opposed to a “pathway to suicide” (Scott & Codd, 2010:89).

Prior to her imprisonment Toni, a woman in her thirties, stated that she had experienced PTSD due to her service in the navy, and that this has resulted in self-harm and a suicide attempt:

When I first got discharged I couldn't sleep, I had constant nightmares. Even now sometimes I sleep with the light on because I know before I go to bed I'll have that twinge of 'oh my god'. When I was in the navy I did two stints in the Priory, one for my drinking and one for my mental health. It got to a point in 2006 ... *I jumped out of a 40-foot window. I just wanted to go. I just didn't want to be here. I didn't want to live. I was self-harming at the time. I went through a stage of cutting my arms.* (Toni, emphases added)

As Monbiot (2016) has noted, given a choice between physical pain and mental distress social mammals frequently choose the former. Whilst it is beyond the remit of this thesis to pay considerable attention to this issue, it is nonetheless worthy of some consideration since many of the formerly imprisoned women who participated in this research acknowledged that they were aware that they were physically harming themselves through the use of drugs and/or alcohol, inducing sickness, cutting themselves, and punching themselves. They were considered to be one of the only means available to mute unwanted thoughts and to numb mental pain. For Gemma, her self-harm was tied up with feelings of shame over her criminal behaviour:

I was constantly before the courts. *Self-harming because I couldn't live with the pain and the guilt, the shame and the guilt of what I'd done to my children.* I wanted to be a good mum, but I didn't know how to stop using drugs. 14 years after that, after going to the drug agency and asking for help...I could get off drugs but I couldn't stay off them. I had no defence against them. I didn't know how to be off drugs, because *I'd never dealt with life on life's terms.* So, I'd always end up picking up again because it became that...it was horrendous...*Locked inside my own head.*

So, I cut myself or I'd take an overdose because I couldn't bear to be without the kids. (Gemma, emphases added)

Feeling of shame was also articulated by Marie when discussing her mental health difficulties, and reliance on alcohol:

I've [taken] overdoses in the past, three. I've been hospitalised. I took a neighbour's psychiatric tablets, I took the whole bottle. I was tripping for about five days. I was completely la la. It's mostly revolved around alcohol. I've even had a drink today. *I feel like a coward, I feel ashamed of it.* (Marie, emphasis added).

She further discussed the embarrassment and shame that she felt for being unable to work due to these issues, and that this had impacted on her contact with her GP for support with her mental health difficulties:

I feel like a time waster because I've not worked in so long. I feel like they're looking at me like I'm dole scum and... I mean, I remember when I used to have to go and ask for a sick note every three month; this is because the dole demanded it off me. I just felt ...you feel like they're looking at you like you're scum. (Marie, emphases added)

Marie related that she felt weak and feeble for not being able to work, and perceived her dependency on alcohol as a personal failure:

I see drinking as a *weakness*. I view it as a *failure in life, having to rely on something*. (Marie)

In neoliberal political economies individuals are expected to be productive, self-reliant, resilient subjects who are able to manage a range of social and economic risks (Joseph, 2013). These profoundly influential expectations had significant effects on Marie and Gemma. Gemma's omission that she could not "deal with life on life's terms" echoes the neoliberal requirement that subjects be adaptable in 'inevitably' uncertain times, whether these are financial or social uncertainties (Joseph, 2013). For Marie, her reliance on alcohol and her inability to abstain from it was perceived as a lack of independence and ability to self-regulate. Moreover, this lack of independence induced feelings of self-loathing and hatred. By internalising neoliberal discourses of self-sufficiency, reliability and adaptability, Marie's perceived inability to demonstrate these ideals through 'conventional' means, abstinence

from alcohol, was perceived as personal/individual failure. Therefore, for those who are deemed, or deem themselves, to be coping in 'unconventional' ways through the use of drugs and/or alcohol, the experience of self-loathing, self-criticism, shame, stigma and marginalisation is common. For many of the women I spoke to, these experiences had directly led to their criminalisation and imprisonment.

Anna, a woman in her thirties, related that for years she had been addicted to heroin and had used it to manage difficulties with anxiety and depression, which she acknowledged to be the result of sexual abuse in childhood.¹²⁵ Her use of heroin eventually led to her arrest, during which she recalled being called a "dirty crack head" by an attending police officer. The resulting impact of stigma, discrimination and criminalisation was profound. Anna was remanded into custody for five weeks. She described the impact of this in the following way:

It's as if [my] family and house were built on sand and the police went just like that [she gestured a throwing action] with a pint of water, and just pissed it all away, down a drain basically (Anna).

For Anna, her position in life was precarious. Built on unstable terrain, her life was easily washed away following police intervention and her subsequent remand into custody. Thus, as Carlton & Segrave (2016) have noted, women's imprisonment should not be considered as an isolated traumatic event, it is all too frequently an extension of trauma that has saturated their lives.

Prison Experiences and Mental Health Problems

Those with mental health problems are over-represented in the prison population. Twenty five percent of women and 15% of men report symptoms associated with psychosis in prison, this is compared to a four percent rate

¹²⁵ She further noted that use of heroin had started at the age of 14, when she had taken on a job. Her employer had given her heroin to smoke, and had subsequently allowed men to sexually abuse her on the premises.

amongst the general public (Wiles, Zammit, Bebbington, Singleton, Meltzer, & Lewis, 2006; Light et al, 2013; Phillips et al, 2016: 14). Furthermore, a recent HM Inspectorate of Prisons Report (2016) noted that 54% of women acknowledged that they had emotional well-being or mental health issues in prison. Whilst all 14 women interviewed for this research disclosed experiencing difficulties with mental health prior to their imprisonment, it is important to note that mental health problems are not solely imported into prison. It has long been acknowledged that the pains and denials of imprisonment can induce mental health difficulties. Thus, for those who have not experienced mental health problems on entry to prison, they are likely to leave with them (Liebling, 1995; 2001; Scott & Codd, 2010). The imprisonment of individuals with pre-existing mental health difficulties should, nonetheless, be recognised. Indeed, for many of the women I spoke to finding out that they were likely to go to prison, when already experiencing mental health difficulties, had profound impacts, as Toni explained:

[On] the run up to prison I didn't care. I didn't care if I got hit by a bus, I didn't care if I was alive. I was purely existing. It was tablets off the doctor and drink [alcohol], tablets off the doctor and drink. I was constantly masking everything. I wasn't dealing with anything. When I went inside it was like a brick wall hit me. I was like fuck, now I'm going to have to deal with some shit. On the run up I didn't care, I knew I was going to prison anyway. You're already in a black hole, why get yourself out of it when you know you're going to go somewhere worse? (Toni, emphases added)

Whilst the thought of imprisonment for some women was nearly fatal, for others imprisonment was viewed as a place of safety. As Carlton and Segrave (2016) have noted, for many women the prison provides basic necessities; sustenance, shelter and warmth. It may further act as a short, temporary, reprieve from alcohol misuse, drug taking, homelessness, and domestic violence. As such, imprisonment may have a stabilizing effect on their lives, providing some basic requirements in life that are not available outside the prison. Indeed, many of the women stated that prison provided these necessities and reprieves. Victoria described prison as a welcomed break from a life controlled by her partner, which she acknowledged to be a cause of

her depression. Separated from a life contextualised by domestic violence she described going to prison in the following way:

Before I went there [prison] it was... I'm going to go to jail, and all I could think of at that time was... *it wasn't woe [is] me, it was great*. It's a weird thing to say but he hadn't got the control over me then. My life, for the first time in 30 odd years, I was in control. Even though somebody was in control of it, it wasn't him. *I had freedom*. So, for me it was eye opening. *I had that freedom for 12 whole months* nearly. He'd still come up every weekend, which depressed me because he'd go woe [is] me and how he was [not] coping, everything was him. I'm thinking woe you! You're still home, *I'm here. I can't walk out and go see my kids*. That annoyed me, woe woe [is] me that's all I got. *I'd do anything to try stop him coming up*. When he didn't it was 'woo-hoo' great freedom. *I found going there and being there for me it was an eye opener, but also I enjoyed it, if it's possible*, because I wasn't being controlled by an aggressive person. (Victoria)

Whilst prison was inevitably difficult in terms of her separation from her children and the inevitable controls of the prison regime, it was nonetheless an escape and a new-found freedom. Prison provided a temporary 12-month reprieve from a life in the community which was characterised by control. She further described being able to cope with these controls since she had broken the law and had experienced control her whole life:

The system was controlling me because I broke the law. He was controlling me because he wanted to. I was down in the dumps when I was there. I was controlled of where, and when and of what I did, but I'd spent all my life doing that. I felt more comfortable because it was the punishment. It was a punishment I could take. It didn't feel like a punishment. (Victoria, emphases added)

Victoria was not the only woman who expressed relief at the thought of imprisonment. For others prison was regarded as a potential means of stabilising a chaotic life characterised by domestic violence and drug use, which had contributed to their mental health problems. It was further regarded as a means of providing surety in terms of food, shelter and warmth; life necessities that were not readily available in the community, as Kelly explained:

I think *jail was an escape for me* if anything if that makes sense. I didn't want to be in them hostels anymore, *I didn't want to be a junkie, a druggie. I knew jail would get me three meals a day. I'd get help for drugs and drink, and I'd get my diagnosis, and I'd get help for my mental health, and I'd come out and be stable.* That was my thought process. *I kind of wanted to go to jail* if I'm truthful with myself. That's the first time I've ever been that honest. (Kelly, emphases added)

As such, she discussed her fears of returning to a life characterised by poverty and homelessness:

I was panicked to leave jail, I didn't want to leave, as stupid as that sounds. I felt even though my mental health was bad in jail, it's going to be worse outside because I've got to pay bills, do this, find money, find somewhere to live. I can't go back on the streets. I'm going to run into all the people I don't like. In here there's 300 girls and yeah people come every day but there's only meant to be 300 girls. Out there I've got all these people to worry about, in here there's only 300 people. (Kelly, emphases added)

Gemma, who had been in and out of prison for a significant portion of her life, also articulated these concerns. When I asked her if there was anything she looked forward to in prison, she initially laughed and said "getting out". However, she then went on to say:

I wasn't looking forward to getting out. *I was dreading coming out, that just came as a joke then when I said that. I wasn't ... I felt safe in there, I felt safe because I'd lived on the streets. I'm sure you can imagine everything that goes with being a woman on the streets. So yeah, I felt safe in prison. Isn't that sad, that I'd rather stay in prison?* (Gemma)

Women's experiences of imprisonment could thus be considered on a continuum. Whilst prison was experienced as a place of safety, it was also experienced as a place of suffering and loss, which was nearly fatal for some women. Even for those women who described prison as a place of safety, like Gemma, it was also acknowledged to be a place of suffering. As such the women I spoke to did not occupy one position on this continuum. Contradictory feelings, negative and positive, could be experienced at the same time:

Because I was on the streets it was a place of safety, but in my head it wasn't, if you know what I mean? Because I could blanket more out here, because

I could drink to blanket. *In there it was just constant like a committee going on in my head and it was all negative.* (Gemma, emphases added)

Gemma's descriptions of the negative impacts of imprisonment on her mental health are significant. It has long been understood that isolation within a prison cell is likely to magnify negative thoughts and feelings (Medlicott, 2007; Sandler & Coles, 2008; Scott & Codd, 2010).

Self-Harm and Suicide in Prison

The issue of safety and effective health care in women's prisons is undoubtedly called into question when considering the prevalence of self-mutilation and death in prison (Sim, 1990). Many of the women noted witnessing this in prison, as Victoria stated:

There [were] a lot of women self-harming. It was the norm. You'd see them slitting their wrists. You knew they'd done it because they wore short T-shirts. Their wrists were always heavily bandaged up. (Victoria, emphases added)

These experiences were all too common, as Kelly articulated:

There was a really bonnie girl in there, she was gorgeous, she only had like six months and her head fell off in jail. She'd scars all over her throat, all over her face, her arms. She's scarred to death just hacking herself. Every week she's changing her bedding leaving it by her bedroom door covered in blood ... the screws are picking that up and not even questioning the girl, like where's all this blood coming from? They just picked it up and whatever. We were all telling the screws, this girl is hacking herself. She's not just slicing she's grabbing chunks of her legs and hacks them off in the corner. Do you know what I mean? She was hacking herself. We were telling the screws and they did nothing, absolutely nothing. It took four months to get her on an ACCT,¹²⁶ where they're supposed to just check you. I was checking the girl. All the other people on the wing were checking the girl, more than any screw was. That girl would have been dead if it wasn't for the girls on the wing. We were all checking her, she was hacking her throat she

¹²⁶ ACCT is defined as a multi-disciplinary care planning strategy which utilises an NHS Care Programme Approach for those at risk of self-harm and suicide in prison. It was developed in response to the recommendations made in the evaluation of its predecessor F2052SH (PPO, 2014).

wanted to kill herself. She'd do it in the shower, you'd just see all the blood trickling, you'd have to crawl under the shower and pick her up naked. It's not a nice experience it really wasn't nice. *That in itself was damaging to my own mental health.* (Kelly, emphasis added).

Victoria recounted bearing witness to suicide in prison:

She'd slit both wrists, she was pronounced dead at the site because her kids had been [put] up for adoption and she wasn't going to get them back. She knew some time before. She'd wedged the door, these were fire doors, reinforced. It took at least 15 minutes to get the door in because they had to get the battering rams. She'd barricaded herself in. She was behind the door. That was a scary thing to think of somebody put in a position where there only option out is to slit their wrists. They said the way she'd slit her wrists, because she'd not slit them across, she slit downward... so she wasn't messing, she didn't want to live. (Victoria)

Such deaths "represent the extreme end of a continuum of near deaths, suicide attempts and self-harm" (Inquest, 2013:6). In 2016 there were 12 self-inflicted deaths of women in prison, the highest recorded number since 2004. However, as inquest (2013) have noted, the distress and harm inherent to prison regimes cannot be captured by statistics alone. Indeed, many of the women I spoke to commented on the damage and harm, to their mental health, that prison had inflicted on them:

You know *it was quite tormenting that you're in a cell for 13 hours. I'm tortured I can't sleep. The anxiety went up horrendously...* and then it was also... you're in a cell with a complete stranger you don't know. *I had all my own problems going on. I'd lost my home. I just was consumed in my own mind.* (Kate, emphases added)

Also describing the impact of imprisonment Anna stated that it:

Just made me realise how vulnerable you are and how easy it is to have your liberty taken away. I was thinking oh my god anything could happen to me in here and no one would... you know. *I've had bad things happen to me already, what if something else happens to me?*" (Anna, emphasis added).

Imprisonment was clearly experienced as an extension of trauma (Carlton & Segrave, 2011a; 2011b; 2016) that had saturated their lives. When I asked Anna how she coped with her mental health problems in prison she said

“if there was a button you could press to take it away then I would have”. Whilst Anna stated that she did not self-harm or attempt to take her life in prison, she nonetheless thought about it. She further commented that “I wanted to curl up and fucking die basically, that’s how I felt”. When considering her experience of mental health problems in prison, she said:

It’s worse inside isn’t it? Because you’re so isolated, you’re so on your own. I think girls who’d been before might be a bit better. But I’d never been before, I didn’t know anything. Didn’t know to ask for clothes. I had the same clothes on. Didn’t know to knock on the door and ask can I go for a shower, didn’t know what to do... didn’t know... No one tells you anything. (Anna)

Imprisonment was nearly fatal for some of the women I spoke to:

I tried to hang myself a couple of times. (Margaret)

I did try... *I did slash my wrists in prison, and the officer said get on with it.* They weren’t very nice, the officers in there, they were horrible. *He said just get on with it, you’re an adult, get on with it.* (Sally, emphases added)

The impact of such hostile and insensitive treatment upon Sally when trying to communicate suicidal feelings was undoubtedly profound and potentially life threatening. As Scott & Codd (2010) have noted, all too frequently the accounts and perspectives of prisoners are considered unreliable, as attention seeking and even as blatant lies. RAPt (2015) have noted that only a small minority of prisoners with acute mental health problems receive treatment in prison, stating that the majority of prisoners are therefore left in a hostile environment with very little dedicated support. The concern that prison medical care is infrequent and/or ineffectual was articulated by many of the women I spoke to:

It took quite a few days to get the information of my medication, so I was without antidepressants for quite a number of days... and then ... the other things I had to take was like my aspirin and statin, it was almost like two weeks before I got those medications. (Kate)

Laura related that she had been placed on ACCT review on entry to prison, due to her long history of self-harm, suicide attempts, depression and

eating disorders. She however stated that being on ACCT was not helpful in coping with her mental health problems, and furthermore that it was problematic in terms of relations with other prisoners:

Basically, that just meant everyday someone would say are you ok? You had an orange file. And then every night someone would come and shine a torch in your eyes to check that you weren't dead, and then ...it gets to a point when you're sharing a room, that really annoys everybody else. *It was actually easier to tell them I was ok, and I didn't need to be on it [ACCT].* I think it was less of an inconvenience for them as well, to not have me on it. So, I just said I was fine, so that I could come off the orange file, the ACCT. *They were just officers as well they weren't professionals you'd sit down with.* They were happy for me to do that. If you can convince them that you don't need to be on it...they're just happy to ... you know... less paper work. (Laura, emphases added)

The replacement of F2052SH with the ACCT provision, since the incorporation of the NHS within prison health care delivery, whilst initially hailed as a significant improvement has nonetheless been deemed flawed. In 2014, the Prisons and Probation Ombudsman (PPO) stated in a report on the self-inflicted deaths of prisoners on ACCT, that ACCTs were sometimes reviewed without the benefit of background information, unless attended by medical staff, and furthermore that medical staff were not always included within the ACCT review process (PPO, 2014). Indeed, as Laura indicated, her removal from ACCT by prisoner officers was very easy to achieve and occurred without reference to medical staff.

Coping in Prison: Agency & Responsibilisation

Time was undoubtedly a significant contributing factor in the experience of mental health problems in prison. Indeed, many of the women stated that time in prison went painfully slow:

I used to go to bed at seven o'clock. I couldn't sleep I'd just lie there, try and sleep, try and make the time go faster. I was looking for ways for it to go fast, which was just going to bed. (Sally)

It stopped a few times. The weekends are the worst, weekend's just standstill. Two o'clock seems to go on for hours, and you're up from

eight o'clock in the morning on a Saturday and Sunday. You sleep through most of the day. You just stay asleep for as long as you possibly physically can. (Amy)

In order to manage this many of the women stated that they had tried to engage with as many educational programmes and jobs as was possible:

That's the only thing that kept me going was the job in there. (Sally)

I used what was available in the prison to do. But mentally, for myself, it helped me a lot because I dealt with a lot, and I dealt with it in a controlled manner where there was no alcohol. *I knew if I self-harmed I'd lose my ROTLs. I played the game. I used it to my advantage.* (Toni, emphasis added)

As Genders & Player (1987) have noted, the idea that women passively accept prison regimes is a false assumption.¹²⁷ Indeed many of the women I spoke to had developed a variety of methods to cope with their loss of liberty and autonomy. Whilst Toni acknowledged the benefits of participating in prison courses, she was conscious that demonstrating willingness and compliance would ensure the continuation of her Release on Temporary Licence (ROTL). She was furthermore aware that resorting to self-harm in prison, which she had done in the community to cope with her mental health problems, would result in her ROTL being revoked and she had consciously refrained from doing so. She thus played what she perceived to be "the game", being compliant with the requirements and expectations of the prison regime.

As Bosworth (1999:3) has noted, agency signifies the ability to negotiate power, "it requires a certain self-image as active and participatory" and includes a capacity to derive meanings from the interactions with others. Thus, for many women negotiating power in prison had become a vital means of surviving. She has furthermore noted that "power in prison is negotiated at the level of identity" (Bosworth, 1999:3). Prisoners are undoubtedly at a disadvantage in this negotiation, since their movements and actions are severely restricted, as are the characteristics typically deemed essential for

¹²⁷ See Chapter Two for a detailed consideration of the dominant discourses informing stereotypical assumptions about femininity.

adult agency - responsibility, autonomy and choice (Bosworth, 1999). These restrictions and barriers to agency do not necessarily suspend the ability to assert it, despite the inherent limitations on choice and opportunity in prison. Whilst Victoria noted that she had taken part in courses in prison, she did not passively accept what was being taught. Discussing a course on domestic violence she stated:

It was basically telling everyone you should do this and you should do that. *You should take control.* You shouldn't let your partners do this. *It's not like that, life is not like that. What's good for you may not be good for somebody else.* (Victoria, emphases added)

The overall objective of this programme clearly adheres to what Hannah-Moffat (2001:5) has termed "strategies of responsabilisation". Women's needs are presented as criminogenic risk factors, and the key aims of such programmes is to instil self-change and independence, which are presented as strategies that enable women to take charge of their lives, whether this is leaving a violent relationship or abstaining from drug and/or alcohol use.

Whilst Victoria was critical of this approach others, like Laura, spoke positively about the impacts of prison education and training:

There was a life coach. A life coach came in [for] about six hours split over four sessions. I had that and she was *absolutely brilliant*. You did a chart to say where you were from one to ten; ten different aspects of your life. Your work, your home life, and you'd mark where you felt you were at the time. At the end you'd mark where you felt you were now. *You'd set realistic goals for what you wanted to get out of it, what you wanted to achieve.* Instead of just having someone to sound off to, *it was ok this is your problem*, how are we going to deal with it. *You have the answer. It was so good.* It made you look at things so much clearer. Even though I was at that stage where *I know I'm responsible for everything* that I do. I also knew that *I could make changes in my environment* as well. So yeah it was.... *The life coach gave you a kick up the backside, but also the support to achieve*, even little things. But it was to prepare you to be outside as well. (Laura, emphases added).¹²⁸

I asked Laura to clarify what she felt the aims of this course were, and she stated:

¹²⁸ In quotes, underlined text is the author's emphasis and italics the respondent's.

To make you responsible, it's up to you to make changes. You've got all the answers, and ultimately, it's up to you how your life goes. (Laura, emphases added)

As Hannah-Moffat (2010) has noted, such programmes constitute an intrusive means of regulating the conduct of women. Relationships, mental health problems, and self-harm become targets for correction in the pursuit of a neoliberal subject who is able to, or believes they can, take sole charge of their life. Gender responsive programmes in prison thus overtly focus on women's choices, their presumed dependency, and the responsibility they should take for the circumstances of their lives. Having children is a factor that is likely to be utilised to 'motivate' women to amend their 'criminogenic' behaviour. Women who do not engage with such programmes are likely to be rendered complicit in the marginalisation that they have experienced in the community (Hannah-Moffat, 2000; 2010). Despite these concerns, for some women, the neoliberal goals of prison education were internalised:

I did one relationship course. *It was about controlling your emotions.* I paid a lot of attention to that. *It was good because it looked at you and your emotions, and the ripple effect from your actions.* (Toni, emphases added)

Education and work in women's prisons has, and continues to, adhere to the stereotypical assumptions regarding femininity. Women in prison are still, to a far greater degree, offered courses focusing on life skills and emotion management compared to men. A recent report on prison education published by the Ministry of Justice in May 2016, *Unlocking Potential: A Review of Prison Education*,¹²⁹ noted that there was a need to ensure that women prisoners receive a holistic curriculum that includes personal and social development, and a consideration of women's caring responsibilities. The report states that such programmes should enable prisoners to develop "greater confidence and optimism about the future" (Coates, 2016:34). Such strategies are clearly neoliberal in that the overwhelming burden of responsibility is placed with

¹²⁹ See Coates (2016).

'offending' women who are deemed to lack confidence and the belief in a better future. They are further strategies that minimise the role of the state in the creation of social and economic inequality, conditions which so frequently render working class and BME women as suitable candidates for imprisonment (Hannah-Moffat, 2001; Carlton & Segrave, 2016). As noted, many of the formerly imprisoned women I spoke had clearly taken part in courses that were grounded in such principles. Self-reliance and the management of emotions, and beliefs, were presented as viable methods to enable them to take responsibility for their lives on release from prison. These principles were a core feature of the Corston Report (2007). As Corston stated in her proposals for a woman centred model of corrections, the overall approach should be "to treat each woman as an individual with her own set of needs and problems and to increase their capacity to take responsibility for their lives" (Corston, 2007:10).

Survival on Release

Whilst a minority of women, usually those who have been sentenced for more serious crimes, may return to friends, families and homes where they are able to draw on the social and cultural capital experienced prior to their imprisonment, the majority of formerly imprisoned women are far more likely to have been imprisoned as a result of their circumstances as opposed to the seriousness of their crimes (Carlen, 2013). As Carlen (2013:xiii) has noted, despite the rehabilitative underpinnings of the programmes and courses outlined by the participants of this research, rhetoric which has circulated for over a century, the majority of female ex-prisoners are "repeatedly released back into the same circumstances of poverty and malign neglect which catapulted them into jail in the first place". They are thus understandably fearful of release and what the future may hold. These concerns were articulated by many of the women I spoke to:

Preparation for release was you're out, you're getting picked up, and you're getting dropped off at [support centre]. That was it. (Gemma)

I got judges chamber bail at half past four, there was no methadone prescription [] set up for me. So, I [came] straight out [and] didn't have any methadone and had to score on the way home. I was... my mum was ringing all my old like associates... seeing if anyone's got any methadone. She couldn't get any from anywhere, so I had to score again. I'd just done all those weeks clean. I'd been doing clean urine samples. The only thing that was in my system was benzos because they last 28 days. So, I was made up with myself. I felt like I'd done really well, [for the] first time in all those years I'd actually ... I'd been clean. I came out and they set nothing up for me. I left [] prison with eight pounds. The bus driver let me on for nothing. I didn't have a coat... they didn't tell me... they said there's a bus stop outside. [I] walked out at half four. I stood there for an hour and a half absolutely fucking freezing my tits off, proper freezing. (Anna)

For Anna, one of the only positive impacts of imprisonment that she could relate, becoming 'clean', was quickly undone by the ineffectual arrangements surrounding her release. These hardships on release catapulted many of the women back into the very circumstances that had led to their imprisonment, as Kate also described:

I'm bewildered, I'm facing all these problems of where do I go? I'm homeless what's going to happen? And it would become...I couldn't help it... the very thing that took me in there was saying just go have a drink..... and I'm emotional and I do what I've always done in this situation, I'll just have a miniature. Once I'd got a taste of that miniature... once I'd opened the door to it, I got a quarter bottle, because I was cold, I was upset. I just wanted to go to my Dad. (Kate, emphases added).

The scarcity of safe and secure accommodation for women, the lack of employment opportunities for those with limited education or employment skills, and the lack of recovery facilitates for drug users are factors that undoubtedly impact women on release, and in many cases results in the return of women to prison within a very short time (Carlen, 2013). Women returning to the community experience narrowed opportunities, frequently exacerbated by the stigmatising impacts of being rendered an ex-prisoner (Kendall, 2013). These narrowed opportunities on release had significant impacts on their mental health, as Toni described:

Fucking hell I spent six months looking for a job absolutely going off my head looking for a job. And the worse thing is with being in prison as well it's not [] great you know. It got to the point where I didn't declare it; I didn't declare I went to prison. (Toni, emphases added)

Toni clearly indicated that her sense of self-worth and purpose came from having a job. Following a second offence, the nature of which she did not disclose, she stated that she had been called in for a disciplinary meeting by her manager which nearly resulted in her dismissal. She described the impact of this on her in the following way:

[Because] it's the only safe thing I've got ... I may not have a house or a car, but I've got [my] job. Without [my] job ... (Toni)

The fear of the uncertainty of life after release from prison was a key issue articulated. Many of the women acknowledged that they were afraid of leaving prison due to the fear of not finding secure employment and housing. These concerns are highly justifiable since the stigmatising effects of imprisonment are likely to ensure entry into an employment sector with the lowest paid wages and conditions (Carlen, 2013: xiv), if employment can be gained at all. As Toni related, her frantic search and initial failure to find employment had resulted in her decision to not disclose her conviction to her employer. Furthermore, for those who'd gained meaningful employment prior to their imprisonment, they had very quickly been deprived of it on release, as Amy described:

*I came out of jail, and I sat in the corner and said to my mum I don't know how I'm [going to] get through this. They had to put me through the process of losing my job. I knew I'd lost it as soon as I walked in and looked at the manager. Three weeks later I got told and *reality sunk in... I'm going back on the dole.* (Amy, emphases added)*

Like Toni, Amy's sense of self-worth was attached to an anti-dependency rhetoric. Not being reliant on welfare support was considered a measure of self-worth individual merit, and integrity. This was in turn considered as a viable means by which the suitability for imprisonment should be calculated:

I said to my solicitor *if I was sat on the dole I wouldn't be bothered, just take my life, it's not worth living*. But I wasn't, and that's the one thing that annoyed me out the whole situation. *I wasn't someone that's addicted to drugs, alcohol. I wasn't sat on the dole doing nothing*. I had full time hours. *I was classified as a tax payer, and they still sent me away*. (Amy, emphases added)

For Amy dependent individuals, whether that be a dependency on welfare support or drugs and/or alcohol, are the most suitable candidates for imprisonment due to their presumed idleness and lack of contribution to society. Such neoliberal rhetoric clearly espouses a “politics of disposability” directed at those most vulnerable in society (Giroux, 2009:165). These discourses are powerful and pervasive and legitimise the curtailment of support for those most in need.

The rolling out of neoliberal policies since the early 1980s, and the continued focus of recent governments on austerity measures, has resulted in a radical reduction of welfare support for those most marginalised. These measures have had profound impacts. As Kendall (2013) has noted, neoliberal policies and practices have led to the abandonment and imprisonment of those most disadvantaged, justifying these measures as a matter of personal/individual responsibility. The success or failure of those most disadvantaged under these conditions is frequently characterised as a matter of personal responsibility, endurance, perseverance, and resilience in uncertain times (Joseph, 2013).

'Not Coping' After Prison

It has been noted that the impacts of incarceration on lives already characterised by hardship and deprivation contribute to the greater risk of unnatural death on release (Calrton & Segrave, 2011a). The most common cause of non-natural death amongst those who have recently been released from prison is suicide (Phillips et al, 2016:15). As Phillips et al (2016) have acknowledged in their review of unnatural death following police and prison

custody, in all age categories the suicide rate of newly released and formerly imprisoned persons remained higher than that of the general population. The issue of self-harm and attempted suicide on release was a significant issue for the women I spoke to, as Margaret articulated:

I don't know why, but I don't even care now. *Things just trigger me again. Sometimes I do lie there thinking of ways to kill myself.* I do, at the train station this morning I was thinking... (Margaret, emphases added)

When Margaret related these feelings, she had recently been evicted from her property. These triggers were therefore serious events which incorporated the denial of basic life necessities: shelter; warmth; security; and safety. When I asked her, what was important to her in coping with her mental health difficulties since her release from prison she said "having somewhere stable to live". These traumatic experiences had, for some of the women, resulted in relief at the thought of death, as Gemma described:

In 2011, by the end of my using, I'd lived on the streets. When I lost my children ... I put them in voluntary foster care and went to a detox unit.... came out of the detox unit and the house had been smashed up. Instead of asking for help, it was something I just couldn't do, I went and lived on the streets and I was homeless for seven years, literally living and begging on the streets. I was in a relationship that was violent, and constantly in and out of hospital with different things, broken bones, internal bleeding. At one point they found out I'd had a brain bleed. *When they told me, it was like a relief because I just wanted life to stop. I didn't want to go on any longer.* So, they said if you leave the hospital sign yourself out, which is what I'd done every time, *we can't guarantee you'll come back alive. I was ok with that.* That's how sad it is. I was ok with not coming back. (Gemma)

On release Kelly stated that she was immediately in a relationship characterised by domestic violence:

After coming out of jail I got straight into domestic violence with the baby's Dad. I think there should be some domestic violence things in jail, because I speak to a lot of domestic violence people in jail as well, which is a big mental health issue. Being in domestic violence doesn't half affect your mental health. I've been put on anti-depressants just because I was in domestic violence. (Kelly)

As a result of this Kelly began cutting herself, and she attempted suicide:

I did it for the pain, the adrenaline, watching the blood run down my arm it was good, it was nice. The pain of cutting myself was releasing, it was like an ecstasy kind of thing, it was like taking a drug and hitting a high for the very first time, it was like that every time you did it. I haven't done that for a very long time - since December. As I said it depresses me looking at that, because I've done that to myself. That's how low I got and how trapped in the corner I felt, severely how bad it got for me that I had planned... I put two needles in my veins. I was ready to kill myself, if I didn't have my little girl I wouldn't be stood here today. She got took off me that same night because I tried to kill myself. (Kelly)

Having described prison as a freedom, on her return to a life typified by domestic violence Victoria also stated that she had attempted suicide:

I was back in his control, back in his world. Life went on the same, nothing really changed; back to the same routine as before. I think I got withdrawn within myself. *I had tried to kill myself a couple of times.* I did take an overdose of tablets because *I felt there was no other option* left to get out of this. *I felt it was something that I could do that nobody else controlling me had.* It was like getting dangled that carrot. The way he treated me would never change. I think it went on, on a daily basis. It was feeling the nothing, it was *just going on this road and there were no branches off it.* Just one road to just get up, see to the house, see to him. If he went out I went with him. If I went to the shops ten to 20 minutes later he's calling 'where are you'? I thought I can't do... and *I took an overdose of tablets.* (Victoria, emphases added)

For Victoria suicide presented itself as a means of taking back control. Thus, as noted previously, when agency is suspended or restricted contrary to dominant perceptions, women do not necessarily passively accept this (Bosworth, 1999).

Mental health issues, traumatic life events and structural inequality are deeply embedded in the experiences of formerly imprisoned women. As Liebling (1992) has noted, those who have attempted suicide have generally experienced serious disadvantages, both socially and economically. They are likely to have experienced violence, poverty, social exclusion, homelessness, mental ill health, and drug and alcohol misuse. They are, in addition, more

likely to have had contact with the criminal justice system. Imprisonment cannot be excised from negative life experiences experienced in the community. Imprisonment is therefore not an isolated negative experience. Release does not mark the beginning of a new life (Carlton & Segrave 2011a; 2016).

Whilst some women, like Marie, were able to cope with the denials of prison, the full impact was nonetheless felt on release:

At the time I was in there I was alright, but the day I got out I remember being in my room and crying. I was so angry about the court case and what I'd gone through. I think that's the only time it affected me when I got out and reflected. I just zoned out when I was in there. I did breakdown when I got out, and I did go and see my doctor over it. I went to see this new doctor and said I feel so depressed and violated, not violated physically or [anything]. Mentally it's been hard work and I didn't realise. When I [came] out I felt exhausted, mentally exhausted [from] having to constantly be aware. (Marie, emphases added)

Discussing her most recent prison sentence, of three weeks for theft, Norma clearly articulated the long-term impact of repeated imprisonment and release:

I got put on the hospital wing. I said I've had enough, I'm [going to] hang myself. I can't put up with this life any longer (Norma, emphases added).

Therefore, a clear experience articulated was that imprisonment had extended the disadvantages experienced in the community. For many of the women, the ineffectual provision of support on released had compounded these experiences further. Indeed, for the majority of the women who took part in this research, release marked a return to a life contextualised by poverty, violence and homelessness, which exacerbated mental distress and which had catapulted many of the women into repeated cycles of offending, imprisonment and which had proved near fatal for some.

These narratives thus highlight the complexity of women's lives, their experiences of imprisonment and release, and the limitations of state institutional responses to these difficulties. These observations have long been understood, as noted in Chapter Four. Prior literature has highlighted that

formerly imprisoned women have experienced a range of hardships, including poverty, domestic violence, mental health problems and substance misuse (Eaton, 1992; Carlton & Segrave, 2011a; 2011b; 2013; 2016). It has thus further acknowledged that the situation of formerly imprisoned women is only likely to improve when the serious structural inequalities that they experience are addressed (Eaton, 1992).

As highlighted throughout this chapter, the formerly imprisoned women I spoke to all acknowledged significant hardships prior to their imprisonment, and invariably highlighted how these difficulties has been worsened by state intervention in their lives. As Carlton & Segrave (2016) have thus argued, imprisonment should not be considered as a discrete event that is disconnected from life experiences involving state intervention, incorporating childhood welfare systems, and post-imprisonment offender management services, but instead as an event that exacerbates pre-existing hardship and as one which therefore further limits life opportunities.

As noted in Chapters Two and Four, gendered justice models have been posited as a more viable and suitable method of responding to the complexity of female offenders' needs, and the needs of those at risk of offending (APPG, 2016). Indeed, the woman-centred model outlined by Baroness Jean Corston in her 2007 report on women in the criminal justice system has been highly influential in the establishment and provision of such services in the community. As previously noted, one of the main proposals of the Corston Report (2007) was to extend the existing network of women's centres available. Whilst the number of women's centres established post Corston (2007) has been considered modest, the provision of woman centred services is nonetheless deemed to be essential for those at risk of offending, and those at risk of initial offending (APPG, 2016).

Gendered justice models are however not without implications.¹³⁰ The woman centred model envisioned in the Corston Report (2007) was infused

¹³⁰ See Chapter Four for a detailed consideration of the implication of gender responsive programmes and services.

with neoliberal ideologies, through the endorsement and reinforcement of responsibilisation strategies as solutions to the multiple disadvantages experienced by women in conflict with the law. As Corston (2007:10, para 18) stated the overall objective of woman centred models of correction is to “increase their capacity to take responsibility for their lives”. It is thus the central concern of this thesis that organisations adopting such a framework may be, whether intentionally or unintentionally, complicit in the erosion of state responsibility in the manufacture and exacerbation of the disadvantages experienced by formerly imprisoned women, through the promotion of feminized neoliberal governance strategies (Hannah-Moffat; 2001; Goodkind 2009; Elfleet, 2017a; 2017b).

The following chapter thus examines the role of TWC, a women’s centre, which opened in response to the Corston Report (2007), through an analysis of the perceptions and experiences the 14 formerly imprisoned women discussed in this chapter who accessed its services, and through an analysis of the perceptions of 16 members of staff at TWC. The overall intention of this is to examine how TWC responds to the complexity of the lives of formerly imprisoned women with mental health problems.

Chapter Seven: The Women's Centre: A Gender Responsive Service Post Corston Report (2007)

The chapter analyses the role and function of TWC, a voluntary/third sector women's centre opened in response to the Corston Report, for formerly imprisoned women with mental health problems. In doing so, the chapter considers the overall organisation and structure of TWC, through a consideration of its staffing and funding arrangements. Utilising the abolitionist informed Foucauldian feminist analytical framework outlined in Chapter Four, and the qualitative feminist methods described in Chapter Five, it critically analyses observations of and semi-structured interviews with TWC staff and formerly imprisoned women. The chapter thus considers the role of TWC in responding to the complex lives of formerly imprisoned women. To do this, the chapter will reflect on the management perspectives that drive and shape TWC's priorities and, in turn, facilitate its alignment with state agendas. It concludes by asserting that its structure adhered to neoliberal governmentalist strategies, which flowed throughout the entire organisation, and which primarily operated as a means of responsabilising socially and economically excluded women.

Staffing and Funding at The Women's Centre

The Women's Centre (TWC) employs eight paid members of staff, which consists of two senior managers Jean and Jackie, who govern the overall running and management of the centre; four Empowerment Advisors (EAs),¹³¹ Nancy, Yvonne, Jenny and Ellie who oversee the day to day interactions and relationships of clients in the centre; and three administrators/receptionists.

¹³¹ The Empowerment Advisors previously operated under the title Project Worker. The relevance of this change is addressed further on.

In addition, the centre employs in the region of 25 volunteers who aid with the day to day operations of the centre.¹³²

When the centre initially launched, senior manager, Jean stated that funding was derived from statutory agencies who were asked for support. Funding was further sought from the Big Lottery Fund. Undoubtedly this was a primary concern for the centre, and the bidding process undertaken by Jean was complex and arduous, but imperative. The centre in terms of rent, staff salaries, and general day to day operation costs was noted to be in the region of 250,000 pounds per annum. Securing funds was therefore a considerable task. Senior management described the funding bid process in the following way:

It's not as hard getting little pots of money for little projects. So, if we have a project on I can get ten thousand pounds for that project. It's the core funding that is the issue for [TWC] because really all we do is provide a hub, provide an environment for agencies to come in and deliver. I can't get European funding, which isn't probably such a bad thing since we are coming out of Europe - we're not dependent on that. (Jean)

Funding was also secured through various partnerships with other agencies, who had independently secured funding but required clientele and premises from which to deliver their services. There are in the region of 140 agencies accessing TWC to provide services to its clientele, such as User Voice¹³³ and NACRO. The engagement of clients with these services was considered important, so that good relationships between TWC and external agencies were maintained:

What tends to happen is other agencies will say we've won a bid, will you partner up with us and we will deliver to women, women are part of our target? So, we say yeah. *So, they will pay us maybe for the hire of the room. So, we get some funding streams through that.* (Jean, emphases added)

¹³² At the time the research was conducted (2015 to 2017) the centre was advertising posts for new (paid) EAs, and constantly received new volunteers and mentors. As such, the staffing levels at TWC regularly fluctuate.

¹³³ User Voice is a third sector organisation that provides services, such as mentoring, to offenders in the community and in prison.

If the clientele could not be guaranteed, and thus used as evidence of service demand/need for bid processes, the concern was that those services would seek their clientele elsewhere. TWC do not pay external agencies to deliver courses, but instead guarantee an audience for agencies, as senior manager Jackie explained to me:

We come at it from we've got no money but we've got space and we've got clients, and *we've got the women and we know that you need the women for your funders* to put your figures up. So, if you come and deliver that in here *we'll guarantee you bums on seats*. (Jackie, emphases added)

Given this relationship between TWC and external agencies it was not uncommon to see TWC staff making announcements or to see them directly engaging with their clients asking them if they would like to sit in on courses that were due to start, this typically occurred when attendance was deemed insufficient.¹³⁴ Whilst funds from agencies were not always provided in order to use TWC facilities to deliver services, their engagement was nonetheless deemed important. TWC would still engage with these services so their clientele could make use of their services. In some cases, TWC could then be written in as a partner when these agencies placed bids for funding. This arrangement was described as a “quid pro quo” by Jackie.

There were therefore a number of funding arrangements in operation at TWC to secure its sustainability. Funding was an issue that was at the forefront of staff concerns when asked about the future role of the centre. Contradictorily, whilst one of the main stated aims of the centre was to create self-assured and self-governing subjects, at the same time the centre was dependent on its clientele. Clients of TWC were commodified and thus regarded as ‘objects’ in the sense that “bums on seats” were required for the centre to generate sufficient funds to remain sustainable. This ‘means to an end’ rationality is a key component of neoliberal thinking, which was evident throughout the work of the centre.¹³⁵

¹³⁴ This sometimes also included staff members and volunteers attending sessions to ensure attendance was satisfactory.

¹³⁵ A key finding that I shall return to shortly.

Further funding was secured through a grant which was applied for on an annual basis for the unpaid work project that operated within the centre, and which was used to cover the salary of the EA supervising women subject to community payback.¹³⁶ More recently¹³⁷ funding had been secured through a contract with the regions Community Rehabilitation Company (CRC). Funding was also derived from fund raising endeavours within the centre, such as fairs and other events.¹³⁸

The overall process of securing funds for TWC was described as requiring a particular approach, given the nature of the charity, as Jean described:

When we look at [TWC] we've got to look at marketing in a particular way because it's not an emotive charity. People tend to think *women, complex needs, committing offences, why would we want to fund these women?* But you know what every one of us have got women in our lives. And the *intergenerational impact of our intervention with a woman, how that can have an effect within a community is massive.* So it's marketing it in a way that we're going to get attention from people who will say that's worth it, invest in it. (Jean, emphases added)

The marketing of the charity was carefully considered in order to highlight the potential long term, wide reaching, impacts in terms of reducing the likelihood of reoffending, and indeed initial entry into the criminal justice system. The centre was therefore perceived and was indeed marketed as a preventative organisation, in order to highlight the benefits to potential funders through demonstrating its wider importance and relevance to the local community.

There is significant competition for funding, and the marketing of the centre reflected statutory objectives of working with women in conflict with the law; they thus placed an emphasis on preventing reoffending and initial offending. The provision of funding from the CRC added additional considerations for TWC in relation to reoffending. Prior to the CRC contract,

¹³⁶ The community payback project occurred on two days per week, on the premises of TWC, and included gardening and the general maintenance and cleaning of the centre.

¹³⁷ Towards the end of 2016.

¹³⁸ Often clients of TWC would be involved in these endeavours, sometimes assisting with the setup of these events, however they were primarily customers.

the input that offender management services had in the day to day operations of TWC was considered small. However, since the contract with the region's CRC, Key Performance Indicators (KPIs) had been introduced which had increased their involvement with the operations of TWC. Jackie described the KPIs to me in the following way:

The KPIs are only for the females within the criminal justice system, it's not for all the other women who come in. So, it's kind of like, how much they access services in here. So, though we host them *it's kind of like the CRC is saying 'ok we're in here so how much do our offenders use [TWC]?* We're saying they use everything. So, then we will say how many one to ones we've done with the offenders, but per offender, how many services they've engaged in, so how many drop ins they've done whether it be sexual health, or solicitors, whatever. Our KPIs are basically sort of if ...what the woman's engaged on with [TWC], what [TWC has] done to assist and support the CRC in relation to that offender, and if that offender has completed their order; if they have completed it successfully. Then *we have to identify how many have done that as well, without obviously being recalled or breached.* And then we have the unpaid work, that's a separate contract, but then obviously we have to say how many women we get on unpaid work, how many we get through the hours and how many complete and stuff like that. So, they're realistic KPIs. (Jackie, emphases added)

As Tomczak (2017b) has noted, the part privatisation of probation, implemented by Transforming Rehabilitation (MoJ, 2013), has had some intriguing impacts for charities. The reforms created the National Probation Service (NPS) (which would supervise high risk (ex-) offenders) and privatised probation supervision (for low to medium offenders) through the establishment of CRCs. These reforms followed MoJ consultations on community sentences and probations (see MoJ, 2012), and voluntary organisations now feature as junior partners in almost all of the partnerships currently owning CRCs. These are "partially remunerated via PbR, and are responsible for supervising those under the new supervision requirement" (Tomczak, 2017b:141); Rehabilitation Activity Requirements (RARs).¹³⁹

¹³⁹ RARs were introduced by the Offender Rehabilitation Act 2014. They are a single requirement that courts can include as part of an offender's community sentence. Courts are not generally prescriptive in terms of what such requirements should include, however they generally consist of a variety of appointments and activities, which are stated to monitor and support offenders during their rehabilitation (HM Inspectorate of Probation, 2017).

In order to legitimise receipt of CRC funding TWC was therefore engaged in a process of validating its usefulness and success in supporting the work of the CRC in terms of reducing reoffending, and ensuring compliance with probation orders. There have been a number of recent concerns raised in relation to contracts between CRCs and women's centres. The APPG (2016) have stated that since the introduction of TR,¹⁴⁰ negative reports and outcomes had been reported by managers of women's centres. For those centres that had accepted contracts with CRCs the APPG (2016) state that managers had felt that the quality of the services provided had diminished since the union, since CRCs would commission group work as opposed to one-on-one casework which was deemed essential to a woman-centred model. Thus, under the contracts offered by CRCs, case workers would no longer be able to refer women to tailored services and would instead recommend group activity. This system is noted to be of benefit to CRCs, by the APPG (2016), since larger numbers of women attending these services could be recorded, and success could be claimed on the part of CRCs without any consideration of whether or not the service had been successful. On this basis, the APPG (2016) note that a number of women's centres had refused contracts with CRCs, due to the concern that their services would be reduced to a cost effective one-size-fits-all approach, regardless of whether or not it was helpful to clients. As noted, the contract between the CRC and TWC was recent at the time interviews were conducted. Staff at TWC did not articulate any concerns in relation to the issues outlined above, instead the contract was viewed positively and considered a success:

We work really closely together and we've all got the same aims at the end of the day, to get women through their orders, and to prevent reoffending. (Jean)

It's good now because we are getting funding from the CRC, I mean our rent on here's £47,000, just for our rent. (Jackie)

¹⁴⁰ The flagship policy of the coalition government which came into effect in 2015, and which oversaw the splitting of probation trusts into a National Probation Service (NPS), 21 Community Rehabilitation Companies (CRCs), and the outsourcing of probation work to private companies (CRCs) (APPG, 2016).

Staff perspectives on the success of this contract largely related to the prevention of reoffending, and the generation of funds to cover operational costs. As such, data was collated carefully to demonstrate the success of the centre in reducing reoffending, this was considered essential for funding bids:

We have to show exactly the work that we've done, so the induction process, how they've engaged with [TWC]. What areas...which criminogenic need we've addressed during that first month. So, we're collating all that information and it's really tightened up our processes anyway. (Jean)

Jean further explained that administrative staff:

Collate all the information, and do graphs, and tell us [where] the hot spots are...where women are coming from who've committed this type of offence, and what age groups are they. So, we can really break it down now, so it's a lot easier for us and we're getting a lot better at it. There ... that's the information that's needed for the bids. The Big Lottery (BL), they want to know exactly who we're dealing with. But, with the BL, they will not fund statutory organisations. So you're erring on the preventative stuff for them because they don't want to be funding statutory, they certainly don't want to be funding a private company do they? (Jean).

Whilst TWC staff did express a concern for the actual lives of their clients, the neoliberal context which it operated within undermined this interest. It was evident that the accumulation of data, to demonstrate 'success', was a primary concern so that funding could be obtained for the centre to remain financially viable.

TWC as a Semi-Penal Site of Hybrid Moral/Actuarial Regulation¹⁴¹

This section of the chapter aims to highlight how TWC can be regarded as a semi-penal site that regulates the conduct of its clients through governmentalist strategies; those that assign sole responsibility for social and economic success with the individual/client.

¹⁴¹ A term adopted from the work of Kelly Hannah-Moffat (2001:162).

As noted in Chapter Two, semi-penal sites do not possess the full formal penal powers of the prison, nor the informal mechanisms of control in the domestic sphere, but instead occupy a position between the two (Barton, 2004; 2011). Indeed, from its inception TWC could easily be regarded as such, given its primary focus as a gender responsive probation site. Despite its expansion to include all women at risk of contact with the criminal justice system, it nonetheless remains such. Its role as a semi-penal site is particularly pertinent for those women released on licence conditions or sentenced to community orders. TWC services were noted to “address all criminogenic need” in order to “put things into place so they will avoid reoffending” (Jean) and therefore the courses at TWC could be utilised as part of an offender’s work towards the completion of their Rehabilitation Activity Requirements (RARs), with TWC staff reporting to probation staff on matters concerning completion:

We link in very closely because [for] every new woman who comes in through the criminal justice system we have an induction, and the induction is a three way between the Offender Manager, Empowerment Adviser, and the client, so straight away they are linked into [TWC]. So, [TWC] are there to complement the work that the CRC does with women and *to ensure that they meet compliance targets and to engage them so that they complete their RARs. Any of the other RARs that they have to do as part of their order, that’s where [TWC] get involved. So, they will attend for a RAR and [TWC] will inform the Offender Manager that they have completed that RAR. So, we work really really closely, really closely.* (Jean, emphases added)

TWC’s reliance on external funding, from a variety of sources, particularly the CRC, ensures its status as a “satellite state” (Haney, 2010:16). As Haney (2010) has argued, organisations (such as TWC) can contribute to “an environment of state hybridity”; they extend strategies of governing from a distance (Haney, 2010:16). Since these organisations are frequently reliant on the state for material survival, authority and legitimacy, their sustainability can be difficult if their objectives are not aligned with those of the state (Haney, 2010). These concerns are very relevant to TWC. The aims of TWC were clearly affiliated with statutory objectives regarding risk management and the

reduction of recidivism. However, these formal aims and objectives were combined with less formal governance strategies. Many of the services at TWC revolved around domestic chores, those typically associated with femininity, which included: knitting; sewing; dress making; card making; floristry; choir singing; parenting classes; and cookery lessons. As one member of staff, an EA, explained:

We do loads around arts and crafts. It's an escape for some women to sit and maybe, you know, learn how to use sewing machines, from knitting to crocheting. We also do sewing machine skills. So, if they wanted to go on and do dress making... We do cookery programmes, basic food hygiene. We've done afternoon teas, you know, how to do your own afternoon tea. So, the girls will learn how to make their own jams, [make] their own cakes - to cake decorating. (Nancy)

It is perhaps unsurprising then that the dominant constructions of femininity, discussed throughout Chapter Two, were endorsed by TWC staff. It is nonetheless alarming given that these constructions of femininity informed semi-penal practices going back 200 years. When discussing her views on support for women with mental health problems Jean stated:

I just realised that all women have episodes of mental health, whether it's good or bad, *because [of] the make-up of the female body... and the hormones and everything.* (Jean, emphases added)

The dominant discourses on femininity were also articulated in relation to one of the key aims of TWC, in terms of its intergenerational impact:

We will have that intergenerational impact as well because *if you can get to the woman, or the mum, it is going to filter down into the family,* and hopefully change will occur within the family and it won't just be as... how it's always [been]. (Jackie, emphases added)

... having that intergenerational impact where it's like a drip drip effect where you know if we can get a mum, or an older sibling, if we can get them and educate them, they're then going to take that away and educate their own families and their own children, and their own nieces, nephews. So hopefully we've got a bit more of a positive generation coming forward. (Nancy, emphases added)

These ideas are not new. The notion that females are essential in preserving and maintaining the morality of family and society has been

observable since the late 18th century (Zedner, 1991a; Bloch, 1993; Hannah-Moffat, 2001). TWC thus viewed their measures as a vehicle to generate wider desistance from crime through engaging mothers in corrective programmes, which they would then practice with their children, and families.

These discourses were further mobilised when staff discussed their views on the role and function of female only environments:

If a woman is vulnerable and she's had many experiences it's bringing her to a point where she's confident to then take the next step in exploring how to be again, to trust again, feel safe again, and to know what to do if she doesn't... and be able to communicate assertively and know that, and *understanding our mood swings which a lot of men don't*. (Jenny, emphases added)

At the end of the day *our feelings, our thoughts are always going to be different* and stuff. But if you were to tell me something I'd probably get it a bit more *because we're both women*. (Jackie, emphases added)

Whilst women only environments were predominately described as essential in providing a safe environment for women who had experienced a multitude of traumatic experiences, including domestic and sexualized violence, they were also deemed important since women were considered to be better able to understand, and relate to, the complexities of each other lives. This was a sentiment clearly reminiscent of the 19th century assertions made by Elizabeth Fry:¹⁴²

I think *women can only understand women*, and I think *men can only understand men*. I think with women we all know when women are 'pulling the wool' because we are women so when a woman is being manipulative, when a woman is doing something we'd go 'hang on a minute', [] which is what we do in here. (Jackie).

It was assumed, despite the acknowledgement that the clientele of TWC varied, that there was a generalised female experience. Whilst staff commented that women from all walks of life attended the centre, there nonetheless existed a notion of 'sisterhood' within the centre which served to

¹⁴² Fry stated that it was essential for female prisoners to "be placed under the superintendence of officers of their own sex". She contended that to place them under the supervision of men would be "evidently unreasonable" since it rarely fails to be damaging to both parties (Fry, 1827: 26).

minimise/obscure the differences between women, and the power differentials between staff and clients. As previously noted, such perspectives are endorsed in a gender/cultural feminist perspective that presumes *all* women adopt an 'ethics of care'. There thus existed a contradiction. Whilst the women attending TWC were acknowledged to be different, it was nonetheless assumed that they possessed a unique ability to care for and support each other on the sole basis of being women. This, as Hannah-Moffat (2001) has noted, can obscure the unequal power dynamics of female only environments. These aspects were observable when discussing the dynamics in the centre when men were permitted access to TWC:

I've seen it as soon as a male come in here, whether he be a contractor or somebody coming to visit us, the women change. They do change, whether they become all shrunken like 'oh god there's a man in here' and they don't like it, or they become very loud and you know *all of a sudden, they take on this different persona, or very flirtatious. It just changes the dynamics.* I feel it does anyway. (Jackie, emphases added)

As stated, whilst predominantly female only environments were argued to be essential for the provision of a safe and secure environment by staff, particularly for those women who had experienced emotional, physical and sexual abuse by men, the importance of a women only environment was additionally viewed as a viable and appropriate means of maintaining appropriate conduct within the centre.

Staff Perspectives on Mental Health Problems and Post-Release Experiences

All members of staff (16 in total) were asked for their perspectives on imprisonment, mental health, and post-release experiences, issues which had impacted on the lives of the 14 women discussed in Chapter Six. Specifically, they were asked how the centre functions for this group of women. All members of staff were aware of the complex problems experienced by formerly imprisoned women with mental health problems. When asked for their views on the challenges facing women on release from prison, staff articulated a number of concerns that the women had related to me:

I suppose coming out of what has probably been a really structured [environment]... to then having *freedom without the support and guidance*. All fears and insecurities play a part in making those issues worse. I know we've spoken to a mentoring service coming from prison, but without everything in place - GP, probation, psychiatric care- if those things aren't in place *I can't imagine how chaotic that could feel for somebody with mental health issues*. (Jenny, emphases added)

Accommodation [in the area] is rubbish for women. It's not good at all, and again that's a massive contributing factor to mental health and women coming out of prison. I think that woman realises 'oh if I go into custody I've got food water, warmth, routine. Now you're going to put me out on the street. I've got none of that'. So, what's the better option? Kick up a fuss, look like you're really aggressive, they'll re-arrest you [and] you'll go back to prison. But it's for the wrong reasons isn't it? (Jackie, emphases added)

These concerns regarding accommodation were interesting, since they clearly undermined the desistance rhetoric espoused in earlier positive remarks made about the KPIs attached to the centre, via its contract with the regions CRC. Staff however did not acknowledge this contradiction. Despite the issues outlined, the centres responsibilising gender responsive strategy was viewed as an appropriate means of helping women to manage their 'criminogenic' needs. Their concerns regarding women's post-release experiences were however clearly echoed in the discourses of many of the formerly imprisoned women I had spoken to. As noted, many of the women stated that they feared release, and some had disclosed feelings of relief when told they would go to prison, notably Kelly and Victoria. Kate had indeed faced homelessness on release and had been propelled back into the very circumstances that had led to her imprisonment.

Despite the adherence to desistance rhetoric, some members of staff were aware of the links between mental health problems and alcohol and/or drug use to sedate unwanted feelings, and furthermore how these experiences can lead to criminalisation and punishment:

What I have found is a lot of the girls I've worked with here at the centre, not only with the criminal justice system, have either been abused, physically or sexually abused, and *[use] drink and drugs to escape that*. But it's obviously affected their mental health, and then they've

self-medicated with either drugs or alcohol, their mental health has got worse, which a lot of the time has led them to offend.... go to custody and it's just a vicious circle they're in. It's quite hard getting these women assessed mentally by professionals, because you know, it's that whole [idea that] if we stop them taking drugs and alcohol we can look after their mental health, but *not every woman wants to stop drinking and taking drugs because that's their only escape from their thoughts and their feelings.* [] They can't deal with the thoughts or the feelings so they self-medicate. And it's just this constant vicious circle that, somehow, somebody needs to break and say we need to do something to assess that person. (Nancy, emphases added)

The use of drugs and or alcohol was noted to be a significant mechanism for numbing past traumas. Thirteen of 14 formerly imprisoned women I spoke to had articulated that they had used either drugs and or alcohol, to sedate unwanted thoughts about traumatic life events.

Staff also expressed the opinion that the criminal justice system did not treat individuals fairly:

Women are sort of *sentenced doubly*. One for being a female and one for, you know, the fact that they committed the offence. And *it's such a shock that a woman can commit an offence*, so therefore oh she must need this assistance, and she must need this help. (Jean, emphases added)

I think a lot of magistrates, and things like that, are led by the media on what punishment to give people. Not always women, I'm talking women and men. It's also led by... I know people say you know they're non-judgemental but I... they don't let their own personal views get in the way of their judgement, but I think sometimes... you can look at similar cases with a woman, where you think they'd both get the same punishment for a crime that they have committed and yet they will be treated totally differently. (Nancy)

This differential treatment was the reason why staff considered TWC to be an essential service. Ingrid a volunteer in the centre stated:

That's why TWC is so important, because for years the sentences handed out by courts [were] so variable with men and women. Men would invariably get a lighter sentence for the same crime than the women. It was unjust, it was so unjust it was very unfair, and this is why the Corston Report came about. (Ingrid)

Ingrid's assessment was clearly not accurate. There are of course a number of examples which contradict this statement regarding differential

sentencing. Nonetheless, the future treatment of women in the criminal justice system was viewed optimistically, with gender responsive models viewed as a pathway to fairness of treatment; a view that was proposed and endorsed in the Corston Report (2007). However, as Hannah-Moffat (2001) and Carlen & Worrall (2004) have noted, gender responsive strategies are open to co-optation by the state and can be mutated to serve statutory aims, which focus on reoffending rates rather than broader strategies of care and support. Gender responsiveness within TWC was nonetheless viewed as a viable strategy to address the disadvantages faced by formerly imprisoned women with mental health problems:

Women within the mental health service, it's just like prison isn't it, you know. An episode happens they are arrested or whatever, sectioned, and they go away. Whilst they are away *what's actually changing outside for them to come back to? Unless changes have happened, they are coming back to the same problems that have caused them to be in there.* So, it was important that we tried to make those links so women knew they could come here, and *we could assist them to prevent that* (Jean, emphases added).

Despite staff awareness and sympathy towards the experiences of formerly imprisoned women, TWC staff promoted community-based alternatives as sites where women could develop skills in order to address their criminogenic needs, and thus 'take charge of their lives'. They did not recognise, or reflect on, the feminizing discourses that they, and their institution, utilised. Even though staff acknowledged structural factors, the 'problem' was invariably individualised. The centre was primarily stated to be "a place where women can come, where they feel safe to be able to disclose issues that have led to them getting into difficulties", and further "to be inclusive within the community and to offer the same opportunities for all women to access, so that *they* can make positive life style changes" (Jean, emphasis added). One of the primary aims of the centre, as previously observed, was to reduce female offending through community-based interventions and to reduce the women's prison population. Despite the endorsement of a decarceration agenda, TWC practices nonetheless adopted

neoliberal ideals which were presented as solutions to the hardships that women had experienced:

I suppose the aims for the centre is to *ensure that women are strong enough and independent enough to cope with anything life throws at [them]*, and to have that support at any point that it's needed. You know in a way that is respectful safe and confidential as well. It's like a little sanctuary. You don't get this in life. (Jenny, emphases added)

TWC was thus embedded in a neoliberal approach that placed the burden of responsibility with women to correct the conditions which had led to their imprisonment, albeit with a helping hand. A commercial/neoliberal feminist perspective was thus adhered to by staff as a viable means to enable women to 'take charge' of their lives. Staff adopted a women sensitive perspective in the sense that they acknowledged the inequalities between the treatment of men and women in the criminal justice system, but they did not present a challenge to the social, cultural and economic forces that produce inequality. These considerable issues were therefore not subjected to criticism (Rottenberg, 2014). The neoliberal approach offered by TWC operated to create neoliberal feminine subjects that accept full responsibility for their own wellbeing and care (Goodkind, 2009; Rottenberg, 2014).

TWC & Actuarial Control: 'Risk/Need' Management

Overwhelmingly the main response from staff in relation to questions about what constitutes 'success' was a recital of statistics that indicated that TWC was addressing actuarial demands, primarily through the calculation of women's needs as criminogenic risk factors. As Hannah Moffat has argued (2010) women's needs, mental health problems, substance misuse, unemployment and relationships, are frequently calculated as criminogenic risks. As such, staff in the centre discussed reoffending, abstinence from drugs and alcohol, leaving abusive relationships, and an admiration of those clients that had gained employment, as key components of its success with women. Two senior managers discussed success in the following way:

I think statistics are showing that women are now ... when we first started it was only 47% of women completing their orders and now it's something like 97% of women completing their orders since [TWC] started. So, there's a significant jump in statistics to show this way of working does work. (Jackie)

Success is that they don't re-offend whilst they're with us, whilst they are actually currently on their order. Success is if we can get them into employment. We know research shows that less women are likely to offend if they're employed. Certainly, through that... training, the mentoring, the volunteering, that can aid that. So, success for us is getting people through their orders. (Jean, emphases added)

Furthermore, whilst a clear theme of client responsabilisation was evident, this did not prevent TWC taking credit for any success. As such, the success of clients was largely attributed to the role and function of TWC whilst failure was generally attributed to the client. A lack of success was thus generally considered in terms of a woman's lack of engagement with TWC recommended programmes in addressing her 'criminogenic needs'.¹⁴³

These depictions of success were also articulated by volunteers in the centre:

To help them stop reoffending, it's nice to see that they haven't reoffended and some of them have had employment from coming to the centre. It's nice to see them doing well, turning their lives around. (Tina, emphases added)

That girls haven't gone back into prison, and seeing them on the courses, *seeing them sort of like a normal person*, just seeing them flourish, and getting a job. Different things like that, or not a job just... some have done voluntary [work]. *At least they haven't gone down the same road again. They've kept off the alcohol*, or whatever they've gone to prison for. (Emilia, emphases added)

When you see them really just improving slowly, but also when they speak to you and they understand, they say look I never meant to do something like that. (Kay, emphases added)

As a centre that was opened in response to the Corston Report and one which stated that it upheld the principles of the Corston Report, Corston's

¹⁴³ The issue of client engagement is considered in greater detail later in the chapter.

conceptualisation of success was clearly adhered to. On the matter of success for a woman centred programme, Corston stated “I believe that treating people as individuals is key to any successful intervention” (Corston, 2007:49, para 5.3). She further noted that this strategy was essential in order “to increase their capacity to take responsibility for their lives” (Corston, 2007:10, para 18, emphases added). From the outset senior managers stated that it was a central aim of the centre to adhere to the core principles of the Corston Report, it was successful in that regard since it predominantly focused on the woman as a site for change. Whilst Corston noted that a woman centred approach would consider a multitude of vulnerabilities, which could be categorised into three main areas: domestic circumstances (such as domestic violence); personal circumstances (such as mental health problems) and socio-economic factors (such as poverty), her attention significantly focused on the first two factors (Dunbabin, 2013; Kendall, 2013). Corston thus overwhelmingly focused on personal and domestic circumstances, conflating need with risk:

An integrated approach to services for women offenders could reduce the numbers of women serving short sentences, cut the numbers of women on remand and *reduce the risk of re-offending by tackling their criminogenic needs* (Corston, 2007:66, para 6.26, emphases added).

As part of its strategy to assess the risk/needs of its clients, all women accessing TWC were required to complete a referral form when they first enter the centre. This form consisted of generic information such as contact details, but it also sought more detailed personal information by way of a survey, which included some open-ended questions. For example, women were asked to identify areas of support required from a long list of issues which included: domestic abuse; physical health and disability; mental health; money management; accommodation; training, education and employment; emotional wellbeing and thinking skills (which included self-esteem); children/family; substance misuse; and sexual abuse and exploitation. They were then asked to detail areas of specific support required. When discussing this monitoring process Jean acknowledged that 78% of TWC clientele stated that they experienced difficulties with their mental health.

It has been long understood that those individuals who experience long lasting mental health problems are likely to have greater difficulty in participating in society (Townsend, 1998). Therefore, the overall indicator of success for TWC, the ability of women to turn their lives around, is particularly problematic for individuals with this experience. TWC staff generally regarded self-sufficiency and willpower as essential to the process of turning one's life around. As such, women with mental health problems were presented with a variety of programmes/courses that framed their issues as surmountable through the development of independence and resilience. Such a notion runs the risk of framing those experiencing mental health difficulties as adaptation failures. Whilst mental health problems aren't solely the product of financial hardship, it has long been understood that they "are distributed according to a gradient of economic disadvantage across society" (MHF, 2015:9). Clearly, constructing success as a matter of personal responsibility minimises/disguises the culpability of the state for generating the circumstances, for example through key policy decisions such as austerity measures,¹⁴⁴ in which mental health difficulties are likely to arise and worsen. Strategies of responsibilisation thus draw attention away from the significant role of the state in creating and worsening social and economic disadvantage.

Rather than challenging and dismantling pathologising and responsibilising discourses, TWC adhered to them, reinforcing them. What was therefore of considerable importance was the ways in which 'success' was achieved within TWC.

Empowerment: Transforming Individual Subjectivities into Neoliberal Subjectivities

TWC provides a variety of services, including the provision of basic necessities such as washing facilities, which includes a shower room, washing machine and tumble dryer. Undoubtedly these practical facilities were a lifeline for women who were homeless, did not have such facilities at home,

¹⁴⁴ For a detailed account of the impacts of austerity measures please see Chapter Three.

or could not afford to operate them. It was therefore not uncommon for the washing machine and the tumble dryer to be in use for the entirety of a working day. In addition to these services, the centre links with in the region of 140 agencies which provide services for its clients. These services were advertised monthly in the form of a time table of events which was displayed on a large wall in the centre's community room. Women in the centre could access various courses such as: confidence building; self-esteem; emotions management; relationships; support groups for domestic violence, mental health problems and substance misuse; and courses on money management.

Clients also had access to various other agencies that would provide drop-in services for advice with legal matters and conflict resolution: such as sessions with local solicitors and the police. For the majority of women attendance at these courses was voluntary however, as previously noted, for those women subject to community orders the timetable could be utilised as part of their RARs. Whilst the majority of women attended the centre voluntarily,¹⁴⁵ (93% according to Jackie), the timetable of events was nonetheless considered in the following way:

Our timetable just is ... *addressing all criminogenic need*. So, without the women even knowing *we're trying to put things in place so that they will avoid reoffending*. (Jean, emphases added)

As such, the needs of all clients were calculated as criminogenic risk factors.

Many of the courses operating at TWC endorsed strategies such as Neuro-Linguistic Programming (NLP). NLP is described as a practice of understanding the way in which thoughts, feelings, language, and behaviour impact on outcomes. It encompasses a variety of methods to change thought patterns and behaviours (NLP Academy, 2017). I engaged in one such programme at TWC, which was titled 'a better and brighter future'.¹⁴⁶ The primary aim was to "re-write unproductive behaviours, beliefs and patterns of living" (Observation notes). Key targets of this NLP course were noted to:

¹⁴⁵ This often occurred through referral from GPs, and other non-statutory agencies.

¹⁴⁶ The name of this course has been altered to ensure anonymity.

“change responses to the past and our thoughts about it”; “divert attention from unproductive thoughts to positive resourceful ones”; and to “clear the past, create a focussed present, in order to create a compelling future” (Observation notes).¹⁴⁷ Whilst such courses came and went, according to the availability of agencies, they were nonetheless operating with highly similar aims and objectives; the creation of self-sufficient, adaptable subjects. Furthermore, counselling was advertised in the centre under the slogan “enabling and empowering women to find their voice, make the most of their lives, and be open to opportunity” (Observation notes).

Thus, as Goodkind (2009) has argued, the notion that you can be anything you want to be, you just have to believe it is a key component of neoliberal gender responsive strategies. Low self-esteem was thus presented as a significant challenge to a successful fulfilling life, since it was considered to impinge on the ability to take sole control over the social and economic circumstances of one’s life. The neoliberal gender responsive strategy endorsed by TWC obscured the central role of social and economic constraints, and the primary role of the state in its manufacture and exacerbation. The problems that formerly imprisoned women with mental health problems experienced were thus met with an approach that was overwhelmingly focused on individual responsibility, with some courses promoting psychological reprogramming techniques, such as NLP, as solutions to their hardships and mental health problems.

These strategies constituted as a one size fits all approach. Whilst women were considered individually responsible for their ‘empowerment’, the solution to a multitude of difficulties was constantly stated to be an engagement with courses and other services operating within TWC. When I asked “are there any courses that you think might be beneficial for women with both mental health problems and experience of imprisonment?” Jean stated “all of them, everything we’ve got”. This is however not to say that staff

¹⁴⁷ These statements were made by the instructor of the course who consented to being observed on the premises of TWC.

did not possess a genuine care for their clients, or that they did not consider the needs of each woman accessing their services. TWC staff were empathetic and compassionate, however their aims and objectives were, nonetheless, deeply neoliberal. They valorised self-sufficiency and independence as core mechanisms to improve the circumstances of their clients.

A core theme emerging from staff discourse was that self-esteem was deemed integral to empowerment, and that this would enable women to turn their lives around. This was so much so that during my time in the centre, after the appointment of new members of staff, the job title of Project Worker was changed to Empowerment Advisor. I asked Jackie, as a senior manager, why this change had occurred and she stated:

It sounded more.... to say they were an Empowerment Advisor, *it made the staff feel empowered* by that title. Yeah, I think it was to make the staff ... going to the staff 'what do you think of this?' and they're like 'I really like that', so they took ownership of their title, so *they feel empowered [by] that then. Their enthusiasm oozes to the women*, and stuff. I think that's what it's about. (Jackie, emphases added)

An EA furthermore summarized this name change in the following way:

Basically, what our job role is *is to empower and motivate women*. (Nancy, emphasis added)

Empowerment was thus considered as a key strategy to motivate women to take charge of their lives. Discussing the importance of this strategy one member of staff stated:

Mostly it's about empowering women who need our support as well, you know, to access our services to come and see what we can do for them. *To empower them to take...to make those decisions for their own so they have a better life a better future. You know, a more comfortable secure and safe sort of future.* (Enid)

For Yvonne, an EA, an empowered woman was:

Someone who is able to stand on their own two feet, someone who is aware of what services are out there, someone who feels empowered as a woman. Basically, you can stand on your own two feet. That says it all. (Yvonne, emphases added).

The statements regarding empowerment are clearly circular and self-perpetuating. It was evident that there was no clear consensus on what empowerment specifically entailed, or how it could be achieved, beyond TWCs clientele just believing or thinking that they had been empowered. This was clearly emphasised in Jackie's statement that the enthusiasm of EAs "oozes to women" and Yvonne's statement that empowerment is "someone who feels empowered as a woman". These discourses could be termed *automaton discourses*.¹⁴⁸ Whilst they appear to explain how women become empowered, they in fact say nothing about the process at all. Instead they appear to be automatic/mechanical responses that are widespread and powerful, but meaningless. As observed, the question of how empowerment was achieved was met with a response that discussed the end 'results' of the process of empowerment; when a woman was perceived to be independent by staff at TWC. As such, the automaton discourses utilised by staff communicated the desired outcomes of neoliberal feminism, a woman who is 'empowered' to be self-sufficient, without full consideration of how this might be achieved within the confines of social and economic inequality produced, and exacerbated, by neoliberalism.

As Rottenberg (2014) has stated, whilst the feminist movement in the early 1970s called for self-transformation, or self-empowerment, this was accompanied by a critique of structural discrimination and/or systemic male domination. Conversely, conceptualisations of empowerment in neoliberal contexts place the burden of responsibility for change with the female subject, as opposed to recognising and challenging the structural inequalities experienced by women. As such, it is purged of all aspects that would position its focus outward, for the good of the public.

Evidently talk of empowerment within TWC was attached to an anti-dependency rhetoric. An empowered woman was considered to be someone who was able to self-care and take sole responsibility for ensuring that her

¹⁴⁸ This is a term devised by the author.

future, and that of her family, was secure and comfortable. TWC's utilisation of empowerment did not consider the role of the state in the manufacture of social and economic inequality and how these factors impact on the likelihood of a secure future. Furthermore, it drew upon on the neoliberal notion that financial and social insecurity are inevitable, as opposed to being products of a profoundly unequal society. As such, it is the responsibility of TWC clients to negotiate these changes, to adapt, and to seize opportunities as they present themselves (Joseph, 2013; Rottenberg, 2014). Whilst staff expressed sympathy towards the structural oppressions experienced by their clientele (poverty, mental health difficulties, physical and sexual abuse), when discussing how these issues may be addressed (via the aims of the centre) they utilised the automaton discourses described earlier. This disconnection between the anti-dependency rhetoric present in their construction of empowerment, and the lived realities of their client's lives was therefore not recognised or challenged. The concept of empowerment can therefore assume differing meanings depending on how, and by whom, it is used (Young, 1994; Hannah-Moffat, 2000). In a TWC context, empowerment, a concept traditionally associated with collective action to limit women's oppression through a reconfiguration of power relations in society, functioned as an individualised, responsibilising strategy that was clearly aligned with neoliberal the principle of personal/individual responsibility.

Ironically, whilst articulating an anti-dependency rhetoric, the centre was dependent on the availability of women accessing their services, since "bums on seats" (Jackie) ensured that a variety of funding avenues were maintained. Client dependency on the centre was nonetheless constructed as counter-productive to the overall neoliberal conception of empowerment; the production of self-sufficient and self-governing female subjects:

We don't want it to be another addictive part of their life, that they've got to be here. We don't want them to be dependent on us. So, we want them to know that. A lot of charities get their clientele and keep their clientele. [TWC] is very different. [TWC] is about empowering women so that they will go and access in other areas, when they are strong enough to do that. I think that's very different for [TWC] and how it's viewed within that

sort of charity circle. *I think it's about empowering them to be able to ask for help, and that [TWC] will always be here for them. It doesn't matter if it's been 12 months down the line, if something is happening they've got to recognise, they are going down that same road and need to go and speak to someone.* (Jean, emphases added)

She further explained:

This centre is about empowering women. It's not about adhering to *a society that gives all the time, and people expect to be given. We're about empowering women.* So, yes, the washing machine is there, but they've got to bring their own soap powder in, you know and *there's a bit of a contract going on there.* Yes, we do assessments if there's people who really haven't got the money to buy soap powder, we will do the assessments and we will sort that out. *But the idea is to empower them, we want them to move on.* You know, it's not about keeping a load of women here, we don't want that. *We want them to progress, to get education, employment and training, and hopefully never reoffend.* So, it's a journey, so whatever we put in place for that journey is really important. (Jean, emphases added)

Jean's comments regarding a "society that gives all the time, and that "people expect to be given" runs counter to the experiences of the formerly imprisoned women I spoke to. Indeed, if society had given anything to the women it was, as Carlton & Segrave (2011a) have argued, a series of traumas which were deeply connected to their criminalisation. Imprisonment therefore represented an extension point of this trauma as opposed to a focal point (Carlton & Segrave, 2011a; 2011b; 2013). Many of the women related the difficulties that they had experienced when trying to access mental health care. Indeed, Kelly had noted that this lack of help in society had contributed to her feelings of relief when she realised she would go to prison. The notion that society "gives all the time" was however also expressed by Jackie:

We don't want to disempower women so, *we don't want to keep giving and giving and giving, inevitably that's never got them anywhere before, so it's not going to get them anywhere in the future.* We will support and hand hold to a point, and then it's a bit more like OK so where'd you go from here? So that's why with the agencies we bring in it's for the women to be introduced to those services, and then to leave from [TWC] and go and access [those] services then within their own buildings or premises. (Jackie, emphases added)

Clients were predominantly constructed as women who had been “given to”. It was this presumed overreliance on others that was considered to be central to the problems that they had experienced in life, and therefore it was also assumed that reliance on the centre would in the long-term act as a barrier to self-sufficiency. These ideas were problematic as they omitted any consideration of the fact that some individuals may not have the opportunity, or capacity, to access basic necessities. The idea that support, whether financial or otherwise, can result in dependency creates the notion that in order for individuals to be self-sufficient and productive, necessities in life should be earned and not granted freely. For those experiencing mental health problems these constructions are particularly problematic since mental health problems are likely to be calculated as criminogenic risk factors. The goal therefore is to create mentally resilient subjects who are better able to negotiate hardships in life; individuals who are able to ‘bounce back’ in the face of adversity, whether this is financial or social (Joseph, 2013). Women were therefore expected to engage with the centre to address their problems. Those who did not were considered in the following way:

Some will just come in here and think it’s a sit off because there’s free tea and coffee, free toast and stuff like that. If there’s a general need then obviously we’re not going to go ‘you need to go’, or whatever. We’d never tell anyone to leave, it’s not what we’re about. But *they can’t just come in here and not do anything*, because that’s not the point of the centre. *The point of the centre is to empower a woman to take control of her own life, and achieve and go out and do something.* (Jackie, emphases added)

A further contradiction emerges from this statement by Jackie. An empowered woman is someone who is able ‘to take control of her own life’, yet in a TWC context this does not include refusing to take part in various TWC activities, which one might expect of an independent, self-assured person. Indeed, as Jean stated “the women know that they will be chased up. What courses have you done? What have you done?” An empowered woman for TWC was therefore one who utilises her empowered status to engage with officially approved behaviours, ones which accord with the neoliberal principles endorsed by the centre. An empowered woman should therefore

engage with courses designed to improve her ability to self-govern. Furthermore, whilst it was acknowledged that no woman would be denied access to the centre, no matter how many times she had been to TWC previously, or how long had passed in between visits, the ultimate goal was nonetheless one where women no longer require the support of the centre. This statement was intriguing since the centre, and the positions of staff, would cease to exist should women no longer require the services of TWC. It was however acknowledged by staff and volunteers in the centre that there would no doubt always be women who required the services of TWC, and as such whilst the aim was to create independent 'empowered' women, it was a distant goal in terms of the likelihood of achieving this. Nonetheless, when I asked Jackie if no longer requiring TWC was a desired outcome she stated:

Yeah, which is the whole point. So, they come to us initially access all that they need to access, build up their own portfolio of services, or their own support networks, and then yeah hopefully that will then make them go off. And ... and it has worked, we've seen some go into volunteering, into jobs, go into mentoring, going to university as well. (Jackie)

A further success of the centre was deemed to be the recruitment of volunteers who had previously been successfully empowered by TWC to 'turn their lives around'.

I suppose our success is that we've got volunteers that came through the probation service, *so they've changed. They've come from absolutely hating the fact that they've got to come here to actually loving it.* (Jenny, 2016)

TWC operates a peer mentoring service whereby clients of the centre can train and, subject to a Disclosure and Barring Service (DBS) check, act within the centre as a volunteer and mentor in specific areas where they felt that their life experiences were relevant to the provision of support to other women, such as mentoring in substance misuse and domestic violence. This also included the recruitment of women who had initially engaged with the centre through the criminal justice system. The importance of recruiting women with such experiences was described to me, by a volunteer, in the following way:

I think that's what this place is. Seeing other women go through the exact same thing, similar situations. Look where they are now. It gives them that motivation. That's what empowerment is. (Kay)

Two volunteers, Miriam and Amanda, had been recruited as mentors in this way:

I came here because I got into trouble. I came here on probation. Whatever they [TWC] throw at me I took it, I don't mean that literally [laughs]. That's what I tell the women, what I've done, you can do that. I've achieved loads of things and it's nice to see that it really is. (Miriam).

I came here to do unpaid work through the criminal justice system. I completed that and it was like what am I going to do with my time? I needed to keep busy, have a routine, so I came back here [TWC]. But I had to wait to be a volunteer here, until I was out of probation. After [that] I became a full volunteer and mentor and it's just good because I can actually ... I know where they're coming from, you know, I can give them advice. (Amanda)

Mentoring was thus perceived by staff, and the mentors themselves, as a vital process through which to demonstrate to women in conflict with the law that they could turn their lives around. As such, mentors were utilised as a means of setting an example to women and demonstrating an 'if I can do it you can too' mentality. Admiration was expressed towards women who appeared resilient and determined to rebuild their lives in the face of hardship. This determination and dedication could be expressed through an active engagement with the services offered at TWC:

A lot of them are an inspiration because a lot of them have got such stuff going on, such difficult stuff. Even the ones that have come out of it, the fact that they're *strong and resilient* and *they carry on despite what's happened*. So many things have happened to them, they've lost their kids, for various reasons, but *they're still coming along*, trying to do some courses trying to look on the positives, and *trying to rebuild their life*. I *admire the ones who come along and take everything the centre offers*. I do admire them. (Ellie)

TWC staff were asked if they had experienced any difficulties when working with women with mental health problems and experience of imprisonment. Staff in response to this question acknowledged a variety of concerns from not being a specialist mental health service, to engaging with irritable or distressed clients, to worrying about individuals with mental health difficulties who could not access the centre due to these difficulties. Some members of staff could not identify any particular concerns in this regard, however Nancy, an EA, stated clearly that her concerns related to those clients who did not, or would not, engage with the services at TWC:

They've got to want to help themselves. There's a big saying that you can take a horse to water but you can't make it drink from it. That woman's got to want to change. We can't force anybody to change whether that is in the criminal justice system or just a woman attending the centre. They've got to meet you half way. But that's where we come into it, the Empowerment Advisors, because it's motivating them and letting them see that there is light at the end of the tunnel. And do you know what you can change, you have a choice. Whereas they may not think.... they may have been brought up to think that there are no other choices. But it's showing that there are choices and there are different ways of doing things. (Nancy, emphases added)

For clarification, I asked Nancy if she felt there were opportunities and she stated:

Yeah there's always opportunities, but you've got to get up there, get off your backside and work for them, so yeah. (Nancy, emphases added)

The choices that TWC clientele were presumed to have were evidently shaped by official expectations. It was expected that women should actively engage with strategies designed to enable them to change, to be self-sufficient and non-offending. Those who did not want to access the services in the centre were thus considered problematic, since they were receiving something (tea and coffee), whilst contributing nothing to the centre. In short, they were not enabling the centre to generate statistics evidencing engagement with

¹⁴⁹ A phrase adopted from the work of Kelly Hannah-Moffat (2001) in relation to her consideration of unempowerable prisoners.

courses/services operating at TWC. Empowerment within TWC therefore included actively getting women to admit the need to change. TWC thus reinforced the notion that it is the woman who is inherently problematic to begin with, as opposed to state practices which generate and exacerbate social and economic inequality. Jenny, an EA, articulated similar concerns in relation to the difficulties of engaging clients with the services of TWC:

Yeah, they're fine and they know it, they don't need anything [laughs], but they're here [laughs]. So yeah, that's one side of it. I probably said that one first because that's my biggest challenge, because obviously any of us ... any person ... you know life isn't a straight line and there will always be ups and downs. I believe that we have to have an awareness of where we are, and what's happening to ensure that we're robust you know, strong or whatever, to be able to deal with whatever's thrown at us (Jenny).

She further explained:

... but as humans we get to a good space and we take the foot off the pedal and think everything's fine, and that's great. It's great to see the women like that, but sometimes it's easy to feel better but still ignore big issues. So, where a woman could be saying you know I'm great I've always got a smile on my face but I'm in horrendous debt and I'm still paying 200 pound on this, that and the other when I'm only on my universal credit. To me it's like wow, where's that? So, the challenge there is how to get the woman to recognise that before it becomes another issue. The other side of it is that when a woman comes in and she's been that downtrodden in life and the people around her have done nothing but pull her down. The lack of belief that it could ever be different you know is understandable, because if that's all they've experienced... however it's just working gently, working with whatever we've got here to show them that it can be different you know, that they... that's a case of doing it... doing the do until they go 'I never thought it could be any different'. (Jenny)

Whilst TWC staff undoubtedly expressed an awareness and sympathy in relation to the hardships and traumas that formerly imprisoned women with mental health problems experienced, the solution to these difficulties was consistently presented as the responsibility of the individual woman. In the case of those women experiencing mental health problems (which was stated to be 78% of its clientele) *they* were expected to ensure that *they* were robust, strong, and able to deal with whatever was thrown at them. In the face of social

and economic hardship women were expected to “develop an awareness”, and thus to adapt and thrive in the face of financial and social challenges; to essentially “bounce back” (Joseph, 2013:39). The main challenge to women’s success was therefore presented as a lack of belief that their lives could be any different, whilst at the same time getting women to recognise that if their lives could not be different they instead should develop better ways of dealing with this. These strategies were embodied in a variety of courses at TWC. For example, ‘a better and brighter future’, referred to earlier, asked women to set goals for their future, but to think realistically when doing so. In effect, it was suggested that clients accept their circumstances in life. They should be independent, but not actively challenge the structures that weighed them down. Clients were thus presented with programmes that stated that they should be positive about the little they had in life. As such, the course persistently attempted to eradicate ‘defeatist’ language during the process. For example, those who said “I might but ...” in relation to a particular goal, were instructed instead to say out loud to the group “I will ...” They were then asked to comment on how they felt about the change of phrasing. Whilst infantilising, and indeed patronising, this process was also somewhat contradictory to the overall aim of creating self-assured subjects since they were not always considered an expert/authority on the viability of achieving their own goals.

TWC & the Experiences of Formerly Imprisoned Women with Mental Health Problems

Despite the concerns raised in relation to the function of TWC as a semi-penal site of neoliberal feminized governance, it did not mean that the services of TWC were viewed negatively by the women interviewed. In fact, despite the highlighted concerns, TWC was overwhelmingly viewed as a life line by the majority of formerly imprisoned women with mental health problems. Margaret and Kelly both articulated that TWC had been instrumental in

facilitating access to support with their mental health problems post-release, support which they had not been in receipt of until their contact with TWC:

I'm only just getting help now, I'm seeing someone at [TWC]. I'd say *without them I'd be dead by now*, I wouldn't be here. I didn't get no help. That's why I used to self-harm and throw myself in front of trucks and stuff. (Margaret, emphasis added)

I've had a lot of help from [TWC], a lot of help. They've got me into things that my doctor wouldn't get me into. (Kelly)

TWC had clearly had some significant positive impacts on the lives of many of the women interviewed. Thirteen of 14 women reflected on the positive outcomes in their lives.¹⁵⁰ In addition to the support provided, in relation to their mental health problems, the centre was acknowledged to be vital in terms of providing a place to go and people to talk to:

Just walking in here somebody asking you when you're locked in, when you don't know how to be [yourself], when you haven't been around people without being full of drugs and there's pure false confidence. When you take the drugs away and there's no confidence, a place like this where you can walk in and someone says 'do you want a cup of tea? *It can be the difference to someone's day. Someone smiling at you and saying hiya, it's [those] tiny things.* (Gemma, emphases added).

Overwhelmingly TWC was noted to provide stability, company, and vital services. For some, the centre also helped with the completion of daily routines that were a struggle when coping with mental health problems:

I come down here and jump in the shower. Someone will do my hair for me. (Anna)

Just coming here, *it's actually been a bloody god send to me.* (Marie, emphases added)

I'm coming here all the time, in the centre. Coming in and socialising, seeing my probation officer, seeing people in here. (Sally)

For many of the women there were strong social motivations for accessing TWC. They stated that TWC provided them with a sense of

¹⁵⁰ One woman, Toni, had not engaged with any of the services at TWC. She thus only attended the centre in order to complete her community payback. Her reasons for this are considered later on in the chapter.

acceptance, noting that the stigma associated with addiction to drugs and alcohol, having problems with mental health and bearing the label ex-prisoner did not act as barriers to acceptance within TWC:

I can come in here and there are women who've been ...some of the women haven't been to prison, but I can talk. There's Silvia and Ingrid, and they're like so far, so different their life style is to mine that like you wouldn't believe but we became really good friends. So, *the stigma that's attached to the addict has been smashed in a way*, because *we're not bad people, we just made [the] wrong choices*. And I know how to be me today, and I'm ok with me, do you know what I mean? (Gemma, emphases added)

The centre for women post-release had furthermore provided a safe environment to access, which was not readily found elsewhere. As noted, Kate was faced with homelessness on release and had been catapulted back into circumstances which had resulted in further criminalisation. She had initially been placed in a night shelter and had then secured a place in a residential support centre for men and women, which she stated had only really helped her in so far as providing accommodation.¹⁵¹ Kate was mandatorily required to attend TWC to meet with her probation officer. She described the role of TWC in her life in the following way:

I started coming here [TWC] every day. Plus, I had a lot of appointments, I had six months supervision, probation and an alcohol worker ... because I'd gotten into trouble after I'd come out of prison because I relapsed. *I just would stay here all day because I found it was quite safe*, knowing I'd have to go back [to the residential support centre] for tea time, half four. *If it wasn't for my probation officer, saying [Kate] has gone above and beyond, so they didn't send me back ...* I had two months to wait, whether I'd go back [to prison]. I was tormented. Something happened, I don't know, I just haven't picked up a drink since then. I come to a little group called [Recovery]. I now put myself in support groups. You can talk about your experiences. *You're not on your own* because there's other women like me with addictions. You know the courses, it got me out. (Kate, emphases added)

¹⁵¹ Kate acknowledged that the residential support centre was rife with drugs and alcohol, and as someone trying to recover from alcohol addiction the accommodation was deeply problematic for her.

These accounts were not unusual, indeed Barbara also commented on the significant support she had received from TWC post-release, which included support with a tribunal to reinstate her benefits, and the provision of food, shelter and warmth during this time:

They stopped my Employment Support Allowance in prison. They hadn't paid me for seven months. How the hell am I going to run a house with no money, electric, gas, food ... everything? I was getting...foodbanks... getting gas and electric. I'd even go around people have you got 50 pence, a pound? You get a bad name asking people for money, smack head. I'd come here [and] ask for bags of food. I won the tribunal case. I won the tribunal with [my probation officer here] (Barbara)

Other formerly imprisoned women spoke of the positive impacts that engaging with the courses at TWC had had on the lives:

I came from the women's refuge to here and it was to help me ... help me to find me. I did a course here by a lady called [] she does the domestic violence. It helps me find me, to help me see the way I was going. I'd lost me. I'd lost the fight. I'd lost the will. (Victoria)

Victoria had been recruited as a mentor in the centre and had engaged with a number of programmes at TWC. She described her role as a mentor at TWC in the following way:

I've done a mentoring course. I'm now a peer mentor. When my police checks complete I can mentor the women, give them support. I've done English twice, maths twice. And I will join in with socialising with the women. Women come and have a gab. Some women have their own issues, they tell me, and sometimes it's just listening, they just need someone to rant and rave to. I'm not going to judge them, even if that doesn't achieve [anything], it might make them feel better. That's all some women need. We all get on with what we need to. (Victoria)

One formerly imprisoned woman, Toni, had chosen not to engage with any aspect of TWC. Her only engagement with the centre was attributed to mandatory community payback on the premises. When I asked her if she had considered engaging with some of the courses and services in the centre she said:

I don't really want to go back through that phase of opening shit up if you get what I mean? So, it's sort of like I tend to avoid that at all costs. (Toni)

Whilst undoubtedly within the centre this reaction was constructed as a barrier to empowerment, it may in fact be an entirely rational response to not revisit traumatic events. Many of the women I spoke to had actively tried to numb/prevent recalling traumatic events for much of their lives. Not wanting to recall events was however perceived as a barrier to rehabilitation. Thus, in such instances, independent thinking was perceived as a challenge to the accepted processes and ultimately the precepts upon which TWC was built. Toni described these difficulties in reference to her probation officer:

I said I've dealt with it. It's in my head in a box, it's not coming back out. I'm not bringing the box out to open that emotional state of me again. I won't do that. [Imitating probation officer] 'Yeah but I need to know'. Do you really need to know? I think sometimes, especially with probation, I don't think they understand. Not the sensitivity of it, but the sense of if somebody's dealt with a lot [and] I don't think they need to be brought back through it, if you get what I mean? (Toni)

Despite the predominantly positive remarks about TWC, tensions were observable. These tensions largely related to semi-penal aspects of the centre, and therefore were generally concerned with those women who were subject to licence conditions, community orders and community payback. These observations were also noted by staff:

You can tell when people don't want to be here, sometimes from the very first day. It's going to be, more often than not, the probation women because you are required to attend, it's a court order. (Ellie)

Ten of the women interviewed had experienced these formal aspects of TWC. Some of these women had initially attended the centre voluntarily, through referral, but had subsequently been ordered by the court to attend to engage with probation services after committing further criminal offences. Others, like Victoria, had accessed TWC voluntarily through referral from other agencies, such as domestic violence services.

For those who experienced the semi-penal aspects of the centre, the relationship with TWC could at times be turbulent. Margaret who had commented that she'd be dead without the centre, on one occasion stated to me that she wondered why she bothered to attend. This occurred a few months after interviewing her. She was subject to a community order following a recent conviction. It came to light that she had missed an appointment with her probation officer, and on arrival at the centre she had been handed a letter by probation staff. It consisted of a formal warning outlining the repercussions of missing appointments. Margaret proceeded to tell me that her probation officer was useless; she was always on holiday, that she had attended all her required appointments and therefore a mistake had been made by the probation service. Once the situation had settled, after meeting with her probation officer, and being reassured that the matter wouldn't be taken further, she calmed. She then expressed guilt for venting her frustrations to me.

It was not just the inclusion of probation services within the centre that generated tensions, indeed the rules operating within the centre, on occasion, gave rise to conflict. A rules board was clearly displayed within the centre, which had been generated through consultation with the clients of the centre. These rules, as stated by staff, were to safeguard all who attended the centre. These rules were also considered as a means of ensuring mutual respect between clients and staff. They included: to treat others as you would wish to be treated; to not take things that do not belong to you; to not listen in on the conversations of others; to engage with those seated on their own; and not to bring alcohol and drugs onto the premises. It was noted by some members of staff that if clients arrived at the centre clearly under the influence of drugs and alcohol they would not be allowed to enter the centre, or if they were found in possession of such substances they would be asked to leave, as a volunteer noted:

If any of those are found on the premises, like if they lit cigarettes, they'd be taken out of [TWC] for so many months then they could

come back again. Definitely no alcohol and no drug taking, but you can tell if they have, you can tell. (Emilia)

Staff articulated varying accounts with regards to the severity of penalties associated with rule infraction. However, the senior managers, Jean and Jackie, stated that any woman who entered the centre under the influence would be taken to a quiet room to rest, to ensure that she was safe and able to make her way home once the effects of the drugs and/or alcohol had worn off. They also stated that on rare occasions women would be barred from the centre, for a set period of time, but that this would only occur in response to a serious breach of the rules, such as aggressive behaviour.

One formerly imprisoned woman, Adele was known to have significant issues with addiction to illegal substances. It was not uncommon to see the effects of these substances on her both physically and mentally. Adele had stated to me that she used both drugs (heroin) and alcohol as a means of coping with unwanted thoughts and feelings. Adele said to me on one occasion “they’re always throwing me out”. This occurred on the day I interviewed her. After this conversation I did not see her for some time. I was subsequently informed that she had been refused access to the centre, for reasons which were not disclosed to me, and was only permitted access in order to keep her appointments with her probation officer. It later came to light that she had also been rendered homeless. During a conversation with Jackie, I was informed that the centre had tried to secure accommodation for her, but that Adele had withdrawn from the process of securing it. Concerning this Jackie stated “there is only so much you can do”.

Tensions could also arise during the courses that operated within TWC, as Anna commented:

I did one of the confidence building [courses]. *I ended up getting kicked out because there was a girl who was forced to be there and she didn't want to be there* and she ended up in my group. I was having a bad day and I said something to her and she said something back and ... [I] just lost my rag and ended up [getting kicked out]. But the woman who was taking the course was using so many big words, I was looking round

the room thinking half these women don't know what you're saying [laughs]. (Anna, emphases added)

I asked Anna if she had found the course helpful and she stated:

No. I knew what they were saying because ... I'm not saying they're thick, but I'm from a good family so words like that come up in my household. Half of these had been in care, in bad places. I know I'm mates with them all. I know half their backgrounds. So, these big words that they're using in the courses ... some words I don't use ... I put my hand up and say I don't know what that is can you tell us? You know what does that word mean? So, some of the courses aren't suitable for...I've told [Jean] like some of the words they're using are too big, like derogatory. Some of the women are like [imitates a confused expression] basically. (Anna)

Thus, in addition to the conflicts that occurred between clients, some courses some were also considered unsuitable and inappropriate.

Laura, when asked about the courses at TWC, stated:

*Some of the courses could definitely be better. I mean I can't fault the place but I was put on a self-esteem course, but I'd already done a lot of that when I was inside. This woman, unfortunately, she didn't seem very confident in herself anyway. And she also did say that she has these issues, and it's like if you're supposed to be like showing us how to like... then you can't be saying that to us really. So, for me it was like ... *it was suggested that I should do it so I did. It was not good unfortunately, I could have [run] one better myself. The centre is a great place, but a lot of the things that are offered through the centre itself unfortunately are not great.* Some of the organisations that come in to actually utilise the facility to see people, that's where it's strong. (Laura, emphases added).*

Echoing the concerns of Anna, Laura considered the course unsuitable, and had only engaged with it as it was suggested by staff that she should do it. Contrary to TWC objectives, the course had not 'empowered' her. Further, contrary to some of the staff claims that the courses were suitable for *all* women, they were evidently not.

Again, despite the tensions and conflicts outlined, the formerly imprisoned women I spoke to predominantly saw the centre as a positive service post-release:

The actual place itself, the opportunity to link in with organisations is what helped me. I got to link in with [an agency] and they were brilliant. I have

like a full-time job, some sort of normality. I got in with them through the centre. (Laura, emphases added)

Success for Laura post-release, in terms of her contact with TWC, was considered in terms of her ability to gain employment. For other women, like Kelly, the courses at TWC were viewed positively in terms of their ability to generate confidence and the skills with which to negotiate challenges in life:

They do lots and lots of confidence building courses. [There are] esteem courses, they do gardening, relaxing courses, how to relax properly [Positive Thinking] [Emotions Management], how to change the way you're thinking, how *you* see things, how *you* take some bad news and *switch it to every silver lining* and all that. I think they should do more things like this in jail. I think that would have helped me in jail. (Kelly, emphases added)

Despite the evidently neoliberal underpinning of these courses, in imparting the notion that it is the women who are the source of their problems, they were nonetheless perceived as beneficial in terms their capacity to turn negative thoughts into positive productive ones. What was overwhelmingly apparent was that the majority of formerly imprisoned women engaging with TWC accepted the neoliberal feminist conception of empowerment offered. They believed that it was within their sole capacity to turn their lives around, albeit with the assistance of TWC:

I help myself more by coming here. I had C.A.B Cognitive Analytical Behaviour. I had six months of that. (Kate)

I feel like my mental health...I go to drink, but *I'm trying to help myself.* I'm trying to say no to the booze... take my tablets (Sally, emphases added)

I stuck with all these appointments, and I think well *I'm helping myself.* *I want the help; I want the support and I take all that I [can] really.* I feel *I'm quite an independent woman.* I stay away from alcohol. (Kate, emphases added)

Gemma, like Victoria, had been recruited by the centre as a volunteer. She had also been invited to advise the centre on the suitability of its programmes for female offenders and those at risk of offending. This role for her was demonstrative of her success post-release:

I'm [advising] [TWC] [laughs]. You come from living on the streets to [advising] a women's centre. *But it's possible.* (Gemma, emphases added)

She further stated:

I am a productive member of society, and I can be there for other women. I never dreamt I'd be able to do that. I never dreamt people would trust me enough to come to me and ask for help. And I'm here today for other people. (Gemma, emphases added)

However, for some women, despite acknowledging the positive impact of TWC in their lives, when asked how they felt about their future not all formerly imprisoned women were optimistic:

I don't know what to look for, for the future. I don't know what's [going to] happen. I'm just taking it day by day at the moment. (Sally)

Whilst Sally's comment was clearly not optimistic, given the uncertainty of her life in terms of accommodation and finances, and the likely impact of these difficulties on her mental health problems, it was perhaps the most realistic. Whilst TWC had clearly provided a source of emotional support, it was not able to undo the long-term damage done by imprisonment:

I'm the same age as my manager, he's just turned 23 as well. I kind of look at him and think that's where I should have been. I can't say I've been to prison, that's why, because he hasn't asked about criminal convictions. *I think that's the only thing with people that have come out of jail, that's the thing that messes you up, criminal convictions.* I went for agency work. I couldn't pack pharmaceuticals because I'd been to prison. (Amy)

On a number of occasions staff acknowledged limited service provision for women, particularly in relation to mental health care, but there was nonetheless largely a discourse of acceptance around this, specifically in terms of what the centre could do for women presenting with these issues. Staff at various points indicated a sentiment of 'having to work with what you've got'.

Whilst TWC was viewed positively, its gender responsive approach is not without implications and limitations. Indeed, as a gender responsive strategy that was modelled on the principles outlined in the Corston Report (2007), itself a neoliberal feminized governance strategy, it is a strategy that

obscures the role of the state in the manufacture of conditions which its clients are expected to adapt to, through the avoidance of complications and the reprogramming of negative/ unproductive thought processes through compliance with corrective programmes/courses. TWC were involved in a strategy that aimed to shape the conduct, desires, interests and decisions of its clients, in accordance with a neoliberal consensus.

It is perhaps unsurprising that TWC would endorse official neoliberal penal rhetoric, since as Haney (2010) has noted, such organisations are all too frequently reliant on the state for services, legitimacy and authority. Indeed, the precarious nature of funding and competition from new ‘innovative’ charities meant that TWC aligned its priorities with state objectives in order to maintain its legitimacy and sustainability. The organisation itself was, at times, adapted, amended and moulded to suit current market interests concerning third-sector organisations.¹⁵² TWC could be viewed as a neoliberal ‘survival’ tool kit, teaching women how to adapt in ‘inevitably’ uncertain social and economic times. Its programmes and practices thus adhered to neoliberal governmentalist strategies that aimed to create self-sufficient subjects.

The significance of the centre in the lives of formerly imprisoned women with mental health problems should however not be understated. Indeed, TWC provided vital support to formerly imprisoned women experiencing social isolation, domestic violence, mental health problems and financial hardship. For some women it had prevented self-harm and suicide attempts. What should however be deemed problematic is the neoliberal context within which the centre operates. Within this context gender responsive strategies, such as TWC, contribute to the concealment of state responsibility in the generation of the very conditions which render women suitable candidates for imprisonment (Carlton & Segrave, 2011a; 2011b; 2016).

¹⁵² However, this is not to say that *all* PVOs are seized by the state, or indeed markets. A consideration of the broader picture pertaining to the issue of PVO agency is beyond the scope of the thesis, see Tomczak (2014; 2017a) for a detailed discussion of this.

Chapter Eight: Conclusion

The research adopted a case study approach focusing on the role and function of one voluntary/third sector organisation, a women's centre (TWC), for formerly imprisoned women with mental health problems, in a post Corston Report context. It is therefore not a contention of this thesis that findings will necessarily apply to all women's centres. This acknowledgment however should not serve to diminish the importance of the findings of this research, given the significant lack of qualitative research conducted on the role of women's centres for women with mental health problems after prison.

The first aim of this research was to fill a significant gap in the literature in relation to the post-release experiences of formerly imprisoned women with mental health problems post Corston. As highlighted in Chapter Five, this was achieved through an analysis of the narratives of formerly imprisoned women. This aim was directly inspired by the work of Carlton & Segrave (2011a; 2011b; 2013; 2016), who have acknowledged the significant lack of qualitative research in this field. Existing qualitative research has however highlighted the devastating effects of imprisonment on women post-release (Eaton, 1992; Carlton and Segrave; 2011a; 2011b; 2013; 2016). It has drawn attention to the connections between imprisonment, post-release pains, the state and social order, and has argued that women's post-release experiences are deeply connected to social and economic disadvantages (Eaton, 1992). Whilst some literature exists in relation to the post-release experiences of formerly imprisoned women in England and Wales in a post Corston Report context (see Kendall, 2013), this body of research is particularly limited in regard to the post-release experiences of women with mental health problems. As such, this was a key contribution of the research, as well as an aim, in terms of addressing this significant deficit.

Concurring with prior research on post-release experience, particularly the work of Carlton & Segrave (2011a; 2011b; 2016), the first key finding of this research is that for formerly imprisoned women, with mental health problems,

imprisonment was not an isolated traumatic event in their lives. Prison had instead extended and exacerbated the trauma that had persisted in their lives. As noted in Chapter Six, clear distinctions between imprisonment, release and time spent in the community could not be made. All 14 formerly imprisoned women who participated in this research had experienced a range of hardships which included: poverty; domestic violence; sexual and emotional abuse in adulthood; childhood sexual abuse; being in care as a child; bereavement; drug and/or alcohol use; mental health problems, self-harm and suicide attempts, many of which were cited as direct reasons for their criminalisation and imprisonment. On release they described the immediate difficulties in terms of losing employment, reconnecting with family and friends, trying to gain employment, and trying to find accommodation. They were therefore catapulted back into many of the circumstances that had led to their imprisonment.

As Kate noted, these experiences resulted in her turning to the very thing which had led to her criminalisation, alcohol, which she stated was a means of sedating unwanted thoughts and feelings induced by her mental health problems. What was apparent for some of the women I spoke to was the link between their mental health problems, their criminalisation and subsequent imprisonment. Thirteen of 14 women acknowledged that their use of drugs and/or alcohol was a means of coping with their mental health difficulties, and these addictions were invariably acknowledged as their pathway into the criminal justice system. As such, this thesis significantly adds to existing research that has considered the link between mental health problems and criminalisation (See Mills, 2005; Seddon, 2007; Scott & Codd, 2010; Carlton & Seagrave, 2011a; 2011b; Mills et al, 2013). It additionally highlights the need for further qualitative research on the experience of mental health problems, criminalisation, imprisonment, post-release experiences, self-harm and attempted suicide, and has drawn attention to the marginality of attention paid to this, despite policy commitments. As noted in Chapter Three, whilst the government has acknowledged that mental health is

essential for general health, for example within its key strategy document 'No Health Without Mental Health' (HM Government, 2011), services for mental health in the UK are seriously overstretched and underfunded. Thus, despite statements from successive governments regarding the need to improve mental health services, these services were not exempt from the cuts implemented by austerity policies from 2010.

It has been acknowledged throughout this thesis that all too frequently formerly imprisoned women return to lives of poverty, constrained employment opportunities, limited education, neglect and poor health (Carlen, 2013; Carlton & Segrave, 2013; 2016). These very conditions are enabled by neoliberalism. They are also fundamentally the very conditions which render women suitable candidates for imprisonment in the first place (Carlton & Segrave, 2011a; 2011b). As such, in terms of recommendations, it is contended that further research on the link between mental health problems, criminalisation and imprisonment is required in order to further highlight the profound harmful impacts of this and the culpability of the state in generating the conditions in which socially and economically marginalised women, with mental health problems, are rendered imprisonable subjects. Overall it is contended that the situation of formerly imprisoned women with mental health problems is only likely to improve when the serious structural inequalities that they experience are addressed (Eaton, 1992).

The second finding of this research is that whilst prison was experienced as a place of safety,¹⁵³ it was also experienced as a locus of suffering and loss for women, which at times had profound and damaging impacts on their mental health. Whilst some women described prison as a reprieve from domestic violence, poverty, financial insecurity and homelessness, it was also acknowledged as a place that had exacerbated their mental health problems. It is thus contended that the experience of imprisonment could be considered on a continuum where positive and

¹⁵³ This has been the case throughout the history of the modern prison and semi-penal institutions.

negative emotions were experienced at the same time. As Chapter Six highlighted, this experience was clearly articulated by Gemma when she stated that prison was a place of safety “because I was on the streets, but in my head it wasn’t”.

The second aim of this research was to critically analyse the role and function of TWC, which opened in response to the Corston Report, for formerly imprisoned women with mental health problems. As discussed in Chapters One and Four, much of the current literature on women’s centres has focused on their positive impacts, in terms of their ability to provide holistic services for vulnerable women (see Corston, 2007; APPG, 2016; Roberts, 2017). Currently, there is no qualitative literature specifically on the role and function of women’s centres for formerly imprisoned women with mental health problems. However, as noted, existing critical criminological research on the role and function of gender responsive post-release services, generally, has indicated that they are frequently unable to respond to the complex nature of discrimination, marginalisation and disadvantage that formerly imprisoned women experience (see Carlton & Segrave 2011a; 2013; Kendall, 2013). As has been argued throughout this thesis, primarily the gender responsive proposals made within the Corston report utilised a core neoliberal tenet, personal responsibility. Corston asserted that the solution to the difficulties experienced by women in conflict with the law was to enable them to “develop resilience, life skills and emotional literacy (Corston, 2007:2, para.1, emphases added). This she purported would reduce their ‘risk’ of re-offending, and as such the needs (or vulnerabilities) of women were presented as criminogenic risk factors (Hannah-Moffat, 2010; Dunbabin, 2013). It was with these concerns in mind that the aim to critically analyse the role and function of TWC emerged. The third key finding of this research, relating to this aim, is that TWC represented a continuum from prison. Whilst TWC was distinct from imprisonment, since its clients weren’t mandatorily held on the premises, some were nonetheless required to attend by court order. This was specifically the case for women who were subject to community payback and licence

conditions, and who were under the supervision of the probation services within TWC. Therefore, as contended in the prior chapter, TWC could be regarded as a semi-penal site. Whilst it did not possess the full formal powers of the prison, nor the informal mechanisms of control present in the domestic sphere, it instead occupied a position between the two (Barton, 2004; 2005). TWC thus contributed to an extension of transcarceral power through its involvement in the active surveillance and management of those in the community deemed to be at risk of offending, or reoffending (Carlen & Tombs, 2006; Carlton & Segrave, 2013; Kendall, 2013; Elfleet, 2018).

TWCs funding situation clearly emphasised its relationship to statutory penal powers. As highlighted in the prior chapter, TWC had entered into a contract with its regions' CRC. This ensured that it was beholden to key state objectives concerning a reduction in reoffending and initial offending. It thus remained part of the state arena, and was akin to a "satellite state" (Haney, 2010:16). It is important to reiterate that the very origins of TWC were statutory. It emerged as a female only probation service, which eventually branched out into the third/voluntary sector to include the provision of services to *all* women at risk of entering the criminal justice system. As such, the primary aims of TWC focused on managing or minimising 'criminogenic need' in order to prevent offending and reoffending. As was noted by senior management, TWC largely had a reputation as a preventative organisation within the sector.

Leading on from this, the fourth finding of this research is that whilst TWC represented a continuation from prison, there was a shift from a clear experience of no autonomy in prison to one of faux autonomy within TWC. Whilst in prison the women I spoke to had no autonomy, as Victoria had noted "I was controlled of where, and when and of what I did", within TWC this was transmuted into faux autonomy. TWC endorsed a strategy that aimed to shape the conduct, desires, interests and decisions of its clients to those that accorded with neoliberal principles; transforming individual subjectivities into neoliberal subjectivities. By promoting individual responsibility as a key

strategy to 'empower' its clients, no challenge to state manufactured structural and economic inequality was presented. Instead, women were provided with a series of programmes designed to enable them to *believe* that they could better negotiate and self-manage the hardships that they experienced, which included their difficulties with mental health problems. TWC programmes and practices were neoliberal, and as such empowerment was presented as a viable strategy to enable women to take sole charge of their lives. It therefore functioned as a neoliberal feminized governance from a distance strategy (Hannah-Moffat, 2001). It endorsed the neoliberal perception that 'success' was achievable through being adaptable, resilient and individually responsible.

Traditionally a liberal feminist understanding of empowerment is associated with collective action and emancipatory politics that will bring about gender equality (Hannah-Moffat, 2000; Goodkind, 2009). It was however mobilised within TWC as a strategy to create individually responsible women. A key barrier to this construction of an empowered woman was frequently articulated to be low self-esteem. As such, TWC hosted numerous courses on confidence and self-esteem which were offered as a viable means of enabling women to develop life skills, which would aid them in negotiating challenges in life; whether these were social or economic. 'Success' was primarily considered in terms of a woman's ability to manage her criminogenic needs. As noted, when I asked TWC staff what they considered to be success, I was met with a recital of statistics which were largely concerned with a reduction in reoffending, and success rates in terms of completion of community payback and/or compliance with probation services. Success was described in terms of the ability of TWC clients to leave abusive relationships; abstain from using drugs and/or alcohol; and their overall motivation and determination to engage with TWC programmes, which would aid them in doing so. Success was thus largely attributed to the centre, whilst client 'failure' was largely attributed to a lack of motivation and engagement with TWC programmes.

Whilst TWC staff acknowledged that clients were all very different, it was nonetheless argued that *all* services operating in the centre were suitable for *all* women. It thus endorsed a one size fits all approach. The overall function of these programmes was however individualising, they promoted the notion of personal responsibility. This is perhaps unsurprising within a centre that adhered to the principles of Corston, since Corston stated “that treating people as individuals is key to any successful intervention” (Corston, 2007:49, para 5.3). The central function of this strategy was to ensure that women “increase their capacity to take responsibility for their lives” (Corston, 2007:10, para 18, emphases added). Whilst an empowered woman was primarily noted to be someone who can stand on her own two feet, there was no clear consideration of how the process of empowerment was specifically achieved, beyond its clientele just feeling or believing that they were empowered. As such, staff utilised the automaton discourses described in the prior chapter. These discourses were automatic/mechanical responses which were initiated when discussing understandings of empowerment. As one EA stated, an empowered woman was “someone who feels empowered as a woman” and that “that says it all” (Yvonne). Conversely this statement, and others, revealed very little about the process of empowerment, in terms of how it was specifically achieved beyond clients just believing that they had been empowered.

The fifth finding of this research is that an anti-dependency theme was clearly evident within TWC with staff conceptualisations of empowerment clearly linked to an anti-dependency rhetoric. Once empowered, a woman was considered to be someone who was self-sufficient and independent, someone who was able to make decisions independently so that “they have a better life, a better future” (Enid). Primarily, TWC courses were utilised as a means of ensuring that clients were better able to manage past and present hardships, whether these were financial and/or social. Generally, the courses operating within TWC focused on the individual client as a site of change. It was the client’s lack of self-esteem and confidence that were primarily considered to

be the barriers to success. Such programmes served as a means of transforming individual subjectivities into neoliberal subjectivities; those which internalised neoliberal principles of self-sufficiency, motivation, determination and resilience, regardless of the circumstances of your life.

Whilst an anti-dependency theme was clearly evident in the practices of TWC, there was also an overall assumption that dependency on the centre itself would act as a barrier to the neoliberal conception of an empowered woman. TWC clients were expected to engage with services in order to demonstrate the legitimacy of their presence in the centre. If they could not do so their presence would be challenged by staff, as Jean stated “the women know that they will be chased up”. As noted in the prior chapter, client engagement with services was deemed vital for the centre in terms of generating funds, since the number of clients in sessions was collated in order to statistically demonstrate the demand for, and legitimacy of, these services. It was also considered vital that attendance at courses delivered by external agencies was sufficient since some of these agencies paid TWC for the hire of premises to deliver their services. The clients of TWC were therefore, at times, commodified. They were rendered objects that could be traded to entice other organisations to deliver services in the centre. This was evident when Jackie explained that TWC would guarantee external providers the space to deliver from and “bums on seats”. It was understood that external providers need the women so that they could enhance their figures when bidding for funds. These practices ensured that TWC occasionally functioned coercively. Clients were also sometimes persuaded to participate in courses that were potentially of no interest as a means of ‘paying back’ the centre for providing other needed services and facilities; food, shelter, warmth, human contact, and attendance at courses that were of interest. This would then ensure that TWC could provide “bums on seats” for external providers. Ironically, whilst it was a clear aim of the TWC to minimise client dependency, on the state and the centre, TWC was reliant and dependent on its clients in order to survive financially.

It is important to reiterate that it is not an assertion of this thesis that TWC staff were uncaring or inconsiderate of the issues experienced by formerly imprisoned with mental health problems, the opposite was apparent on numerous occasions. Staff regularly expressed sympathy towards the difficulties experienced by formerly imprisoned women with mental health problems. Nonetheless, these sympathies were undermined through an adherence to neoliberal rhetoric. Fundamentally, the inequalities experienced by women were not challenged, they were accepted as inevitabilities of the current political and economic climate. As such, the task was to train women to adapt to, and accept, these conditions; to provide a neoliberal survival toolkit. The centre thus promoted notions of motivation, resilience, self-sufficiency and adaptability as core life skills to ensure that women were fully equipped to navigate the challenges that they experienced. As noted in the previous chapter, 78% of clients attending TWC had disclosed difficulties with their mental health on referral forms when initially accessing the centre. Whilst staff clearly stated that they weren't trained mental health specialists, it was nonetheless noted by senior management that *all* courses available were appropriate for *all* women, whether they had experienced imprisonment or not, and whether or not they had mental health problems. As highlighted, the predominant function of these programmes was overwhelmingly neoliberal, in terms of their construction of individual responsibility as a key component of 'success'. Women with mental health problems were, therefore, largely met with a series of programmes that promoted the idea that it was within their capacity to overcome their hardships in life. As such, the profound inequalities experienced by the women I spoke to remained unchallenged.¹⁵⁴

The sixth finding of this research is that there was continuity between past and present forms of governance. The dominant constructions of femininity, discussed throughout Chapter Two, were utilised by TWC staff. Whilst perhaps unsurprising, this was alarming given that these constructions

¹⁵⁴ It is not the intention of this thesis to assert that all third sector organisations working within the penal system function in this way. Indeed, as noted earlier, as a case study approach the thesis cannot assert this. It can however be asserted that this was the case for TWC.

of femininity informed semi-penal practices going back 200 years. As noted, the primary aim of TWC was orientated towards the prevention of reoffending and initial offending. However, it was further believed that the programmes operating within TWC would provide a basis to create wider societal change. This was considered in terms of the centres intergenerational impact. The training of mothers (and future mothers) attending TWC was a means of ensuring that there was “a positive generation coming forward” (Nancy). The courses focused on stereotypical work and chores associated with normative femininity: parenting; cooking; cleaning; floristry; knitting; crochet; and dress making. Thus, much like the historical function of penal and semi-penal institutional regimes, the programmes within TWC functioned to remodel women to not only limit the damage to themselves, and their families and children, but also wider society (Barton, 2004; Carlen & Worrall, 2004). The gender responsive programmes operating within TWC were therefore not new methods of governing women. They utilised long-standing dominant discourses of femininity, albeit within a neoliberal framework that utilised the dual neoliberal strands of individualisation and responsabilisation as key methods to ‘empower’ its clients to be adaptable, resilient and self-sufficient subjects.

In order to achieve the ‘empowerment’ of its clients TWC used mentors, or volunteers, who exemplified a neoliberal conception of an empowered woman; those women who had successfully challenged their ‘dependency’ and had ‘turned their lives around’ by: desisting from crime; abstaining from drugs and/or alcohol use; leaving abusive relationships; and/or gaining employment. The rationale for the use of mentors was reflective of the ideas of Baroness Jean Corston in terms of providing an example to less fortunate women that life could be different if they believed it could and worked hard to achieve it. In a recent article in the *Guardian*, which discusses her forthcoming autobiography, the hardships experienced by Corston throughout her life are noted to be a mechanism that can motivate unfortunate women to turn their lives around. Corston states “I always say to a woman

who may be in a dark place - if I can make it, so can you" (Baroness Corston cited in Roberts, 2017). The use of mentors in TWC conformed to this logic. It provided a means of saying to 'unempowered' women (Hannah-Moffat, 2001) "if I can do it you can too". This mentality was utilised as a means of motivating women to take charge of their lives, however it provided little support for those who, despite being provided with this 'example of empowerment', did not or could not succeed in 'turning their lives around'. In fact, such clients were generally regarded as having failed in some way.

The third and final aim of this research was to consider how formerly imprisoned women with mental health problems are constructed and understand themselves within TWC. The seventh key finding, relating to this aim, was that whilst TWC staff constructed their clients as responsible agents who should take sole charge of their lives, the formerly imprisoned women who took part in this research had overwhelmingly internalised this neoliberal conception of empowerment offered. The neoliberal principles of personal responsibility, endurance and adaptability endorsed by TWC were generally accepted *by the clients themselves* as appropriate mechanisms to overcome barriers, and were considered integral factors to a successful life. Many of the women stated that they were trying to help themselves, through engagement with the courses at TWC, trying to gain employment, and/or abstaining from drug and/or alcohol use.

As noted in Chapter Seven, this is not to say that the women did not resist the programmes offered by TWC, or that the rules operating in the centre did not, at times, cause conflict. One woman, Toni, had refused to engage with the courses of TWC, and her attendance at TWC remained solely linked to the completion of community payback. For those who had engaged with TWC, the programmes were not always considered beneficial. Laura noted that her participation with one particularly unhelpful course was purely because she had been advised to participate by staff. Whilst Margaret largely expressed overwhelmingly positive views in relation to the role and function of TWC, indicating that it had prevented her from committing suicide, her experiences

of TWC were at times negative. This was related to the formalised aspects of the centre, and thus her mandatory engagement with the probation services in the centre. Thus, similar to the experience of prison, the experience of TWC could be considered on a continuum - where positive and negative emotions were experienced at the same time. Nonetheless, TWC was predominantly viewed as a life-line by the women. It provided food, shelter, warmth and human contact. It had been a vital source of assistance with gaining access to mental health services and, furthermore, was considered as a place to go, where people would talk to you, making you feel worthwhile. These social motivations were common experiences reiterated by the women I spoke to, and indeed very few women had anything negative to say.

The overall aim of the centre, to create self-sufficient subjects, was accepted by the women. They considered themselves as responsible agents who, with the assistance of TWC, should be able to turn their lives around. The women had largely internalised the notion that dependency was counterproductive to a good life. They discussed feeling shame regarding their presumed dependency, whether this was on the state for financial support, or their dependency on alcohol or illegal substances to cope with negative thoughts and feelings. These feelings were deeply tied to neoliberal expectations of self-sufficiency, which the centre functioned within and endorsed through a variety of practices. Indeed, as noted, for TWC success was considered in terms of a woman's ability to desist from drug and alcohol use, to leave abusive relationships, and to stop offending. This success was however largely attributed to the centre and was mobilised to justify its presence in the community when applying for funds.

Given the limited support in the lives of the women who took part in this research, their acceptance of neoliberal discourse was understandable and individually beneficial. Their compliance and agreement with the governmentalist practices of TWC enabled them to remain a client, and/or potentially a volunteer, and thus to have access to vital, basic necessities such as food, shelter, warmth, company, and other needed services. However,

broadly this acceptance was problematic since the possibility for collective action against neoliberal practices could not be realised.

In the case of TWC, there was an evident lack of resistance to neoliberal agendas. This was particularly evident when considering TWC's compliance with state aims and objectives. As such the findings of this research tend to accord with the literature that has depicted a more pessimistic view on the role of the voluntary sector in criminal justice matters (see Corcoran, 2008; 2009; 2011a; Haney, 2010), as opposed to an optimistic position (See Tomczak, 2014; 2017b). However, as noted in Chapter Two, Corcoran et al (2018) have highlighted the nuanced and complex relations between voluntary sector organisations and the state, and the adaption of the voluntary sector to a mixed market of criminal justice service delivery. As such, it is not the intention of this thesis to suggest that the following is the case for all third/voluntary sector organisations. However, in the case of TWC there was predominantly compliance and acceptance of marketised models, very little resistance to this was evident. Whilst senior management did indicate frustration at times when altering or changing their programmes in order to increase their likelihood of being successful with funding bids, as new innovative charities emerged, they nonetheless saw this as an inevitable outcome of competition in a mixed market of criminal justice service delivery, and necessary for its financial survival (Corcoran, 2011a; Corcoran et al, 2019). Nonetheless, as indicated in the previous chapter, the incorporation of privatised probation services within TWC was generally positively embraced by staff on two fronts: first in terms of optimising income generation to ensure its sustainability, and second to increase the ability of TWC to minimise the criminogenic 'needs' of its clients. Again, it is worth reiterating that TWC was established originally as a female only probation site, and thus from the outset its aims and objectives were more clearly aligned with state aims and objectives around a reduction in offending.

Overall the findings of this research affirm Pat Carlen's (2002a) thesis of *carceral clawback*. This concept was inspired by the work of Kelly Hannah-Moffat (2001), primarily in relation to her notion of encroachment which

highlighted the ways in which the state mutated feminist discourse to support gender responsive penal reform attempts that held female offenders as solely responsible for the circumstances of their lives. The failure of gender responsive reform attempts in Canada was thus attributed to the presumed inability of female prisoners to “take responsibility for their own empowerment” (Carlen & Worrall, 2004:91). Therefore, rather than challenging the actual use of imprisonment through acknowledging that “prisons are governed by material structures, cultural sensibilities and material realities that limit the extent to which the content of the regime can be changed” (Hannah-Moffat, 2002:197), the individual woman was instead charged with sole responsibility for addressing the circumstances that resulted in her criminalisation and imprisonment.

The concept of carceral clawback has thus more frequently been associated with the ways in which prison reform recoups and/or strengthens the legitimacy of imprisonment. It has been specifically defined by Carlen (2002a:116) as the ability of “the prison constantly to deconstruct and successfully reconstruct the ideological conditions of its own existence”. In terms of women’s imprisonment, it has thus been acknowledged that woman centred/ gender responsive penal reform attempts can conceal the realities of punishment (Hannah-Moffat, 2001), through creating the perception that gender responsive governance strategies are caring, therapeutic, environments through which women’s specific criminogenic needs can be addressed (Carlen & Worrall, 2004).

The concept can however also be applied to gender responsive programmes outside the prison, particularly in terms of their ability, in neoliberal contexts, to absolve the state of responsibility for generating and exacerbating social and economic inequalities. Indeed, as noted earlier, TWC extended transcarceral power through its involvement in the active surveillance and management of those in the community deemed to be at risk of offending, or reoffending (Carlen & Tombs, 2006; Carlton & Segrave, 2013; Kendall, 2013; Elfleet, 2018). It further did not actively challenge state practices

but was instead compliant with strategies that held women as responsible for their social and economic disadvantages. It is therefore an example of the difficulties and limitations of gender responsive programmes for female offenders in neoliberal contexts, since they may become embedded in strategies that responsabilise socially and economically marginalised groups. This, as noted, was perhaps of little surprise for a women's centre that clearly stated that it adhered to the principles set out in the Corston Report, a report which utilised and thus reinforced neoliberal discourses of responsabilisation. TWC thus represents a clear example of the neoliberalisation of the voluntary sector for female offenders. What therefore remains essential to challenging this is a continuing critique of neoliberal rhetoric wherever it emerges, ensuring that the profound social and economic injustices reinforced and produced by it are kept in the public consciousness, whilst continuously working towards the removal of them (Kendall, 2013; Scott; 2013).

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Appendix One: Former Prisoner/TWC Client Interview Schedule

Participants shall be reminded that they don't have to answer any questions they don't feel comfortable with. Participants will also be reassured of confidentiality and anonymity.

A - Personal Information

Opening question

1. Tell me a bit about yourself; your family, friends, backgrounds and interests.

To be followed by (if limited information given to Q1):

2. What is your age?
3. Where were you born?
4. How would you describe your ethnic origin?
5. What is your marital status?
6. Do you have any children?
7. Tell me about your educational background (*Prompt-* ask about qualifications)
8. Were you employed before imprisonment? *If yes*, what was your occupation?
9. Have you ever been in care as a child? *If yes*, what was this experience like?

B - Drugs & Alcohol

1. Have you ever used drugs or alcohol in the past? *If no* got straight to section C
2. (If yes) do you view this use as a problem?
3. (If yes) what did you use?
4. (If yes) do you know why you used them?

C - Time Prior to Prison

1. Before going to prison how did you spend your time?
2. What every day activities did you enjoy?
3. Did you have plans for the future, if so what were they?
4. Did you feel your mental health issues caused you problems in everyday life?
5. How did you cope with your mental health problems?
6. What did you find the most difficult when coping with mental health problems outside of prison? *(This may relate to section B).*
7. What did you find helpful when coping with mental health problems?
(Friends and family support?)

D - Offending

1. What was your most recent sentence?
2. What was the nature of your offence?
3. Did you have any convictions prior to this?
4. Were there any factors that you think played a role in your convictions? *(Money, mental health problems, lack of support?)*

E1 - Treatment

1. Did you see your GP about your mental health problems prior to imprisonment? - *If no go straight to E1).*
2. What did your GP diagnose you with?
3. What treatment were you given?
4. What effect did this treatment have on you? Do you think that it was helping you?

E2 – Treatment

1. Were you diagnosed as suffering with mental health problems in prison? *(If No, go to section F). (If Yes)* how did prison staff arrive at your diagnosis? What diagnosis were you given?
2. What treatment were you given in prison?
3. *(If diagnosed and treated prior to prison)* did this differ from the treatment given prior to imprisonment?
4. Did you find that it helped you?
5. Was there anything that concerned you about your treatment?
6. What were the most important aspects of your treatment when coping with mental health problems?

F - Time in Prison

1. How long were you in prison?
2. How did you pass your time there?
3. Did it seem to go quickly or slowly?
4. In terms of your daily routine, was there anything that you looked forward to?
5. Did your mental health problems cause you any difficulties in prison?
6. Was there anything in particular that helped you when dealing with mental health problems?
7. What worried you the most whilst you are in prison?
8. Did you feel safe in prison?
9. What impact did prison have on your mental health problems?
10. Who did you talk to about how you were feeling?
11. Did this have any impact on you?
12. Did you think about any future plans that you had prior to imprisonment?

13. Comparing your experience of mental health problems outside prison, with the experience of them in prison, did this differ?
14. (If yes to q 13) How did it differ? Do you think you coped more or less effectively?

G - Future Prospects

1. Did you have any concerns when leaving prison?
2. Did you think you would be the same person when you left, compared with when you first went to prison?
3. Did you feel prepared for your release?
4. How did you feel about your future in terms of coping with your mental health problems?

H - Life After Prison

1. How have you coped with your mental health problems since your release from prison? (e.g from TWW).
2. Did you think that you coped better with your mental health problems before you were imprisoned?
3. What help and support do you presently receive? (*e.g from TWW; counselling, financial support, housing*)
4. Are there any courses that you have taken part in at TWW?
5. Have you found these useful? (if just yes or no, why)
6. Do you receive any support specifically in relation to your mental health problems? (*Ask if not covered in Q 3*).
7. Do you think this is effective?
8. In terms of any future plans that you had, have you been able to realise any of these?
9. How do you feel about your current and future prospects?

Appendix Two: TWC Staff Interview Schedule

Staff/participants will be reminded that they have the right to refuse to answer any question

Section A - General Information

1. What is your role at TWW? Please describe what this entails.
2. How long have you worked at TWW?
3. Where did you work before TWW?

Section B - Women, Mental Health and Imprisonment

1. What are your views on community-based support for mental health problems?
2. What do you think are the main challenges/issues facing women with mental health problems in prison?
3. What do you think are the main challenges/issues for women with pre-existing mental health problems when they are released from prison?
4. Do you think that the criminal justice system treats all individuals fairly? (prompt for detail if the answer is just yes or no)
5. How do you think that women respond differently to men when in conflict with the law?
6. Do you think that the experience of imprisonment is different for women, with mental health problems, than it is for men?

Section C - Tomorrow's Women (general info)

1. What are the aims and objectives of TWW? Are there any aims/objectives that you think are most important?
2. Who can attend the centre? What facilities are provided?

3. Who funds TWW?
4. How is the charity managed?
5. What is the daily routine like at TWW?
6. Do you think it is important that only women provide support to women in the centre, and similar settings?
7. Are there any rules that clients of TWW must follow?
8. *(If yes)* what are these? And what happens if the rules are broken?
9. TWW hosts offender management services, when did this union occur?
10. How much input do offender management services have in the day to day operations of TWW?
11. What are your views on the role of offender management services at TWW? *(Prompt for further info if brief: positives & negatives of this union?)*

Section D- The role of TWW

1. What do you most enjoy about your role at TWW?
2. Are there any aspects that you do not enjoy?
3. How would you describe the women who attend the centre?
4. What are the main concerns that women discuss with you? How do you help them with these concerns?
5. What do you think are the main concerns for women with mental health problems?
6. What role do you think TWW has in the lives of women with mental health problems?
7. What do you think are the main concerns for women with mental health problems, who are in conflict with the law?
8. Thinking about women with both mental health problems, and experience of imprisonment, what role does TWW have in their lives?
9. What support does TWW offer for women who have broken the law, and for those at risk of offending?

10. What do you consider to be success in terms of working with women in conflict with the law? How do you measure this?
11. (*Ask if limited responses to Q9-10*)
Are there any courses that you think might be beneficial for women with both mental health problems and experience of imprisonment? How effective do you think this is/ might be?
12. Are there any issues/difficulties when dealing with women with mental health problems and experience of imprisonment? (If yes) what are these difficulties, how do you manage them?

Section E - The future

1. When considering the role of TWW, moving forward, what do you think is most important?
2. Looking forward, do you have any concerns for TWW?
3. What role will TWW continue to have in the lives of women with mental health problems and experience of imprisonment?

Appendix Three: The Histories of 14 Formerly Imprisoned Women

Adele

Adele was in her late-thirties and described her ethnicity as white British. She had no qualifications and had poor relations with her family. She was unemployed and had been a heavy user of drugs and alcohol for much of her life. She attributed this to coping with depression caused by the loss of two children.¹⁵⁵

Adele acknowledged that she had many criminal convictions¹⁵⁶ and had been sentenced and remanded to prison on a number of occasions. She was unable to recall the precise number of times that this had occurred, noting that her memory was poor due to her drug use. She stated however that she had recently¹⁵⁷ been remanded to prison for three weeks for breaching the conditions of her bail. She regularly accessed TWC to eat and drink, shower and wash her clothes.

Whilst she attended the centre voluntarily, at the time of the interview she was also mandatorily required to attend TWC to engage with her probation officer following her remand. Shortly after speaking with Adele I was informed by TWC staff that she had been rendered homeless.

Amy

Amy was in her early-twenties and described her ethnicity as white British. She had some formal qualifications, which included GCSEs and an NVQ. Prior to her imprisonment she had been employed full-time (this was a low-income job).

Amy had used both drugs (cocaine) and alcohol in the past, noting that this had been a means of coping with depression. She had been prescribed medication for her depression, but this had not been helpful.

¹⁵⁵ She did not disclose how this had occurred.

¹⁵⁶ Criminal offences have been omitted to ensure the anonymity of participants.

¹⁵⁷ The interview took place in 2016.

Amy had two convictions for the same offence. She had been to prison once, in 2016, for seven weeks. Immediately following her release her family had been supportive of her, although she initially described a distant relationship with her mother. She had seen her mother for the first time in a number of years whilst she was in prison. Following her release from prison she was required to attend TWC to engage with probation appointments.

Amy managed to secure a job after her release from prison. She however expressed overall dissatisfaction with the type of work she was now able to secure.

Anna

Anna stated that her ethnicity was white British. She was in her mid-thirties and had two children. She was a fulltime carer for her youngest disabled child before being remanded to prison for five weeks in 2011. She had two other criminal convictions, prior to her remand.

Anna had used both cocaine and heroin prior to going to prison. The use of these substances was acknowledged as a means of coping with anxiety and depression caused by childhood sexual abuse. Anna described the difficulties of coping daily with her mental health problems prior to and after her imprisonment. She had been prescribed various medications over the years for anxiety, depression and difficulties with sleeping.

Anna related the impact of her criminalisation on her life. Her children had been placed on the child protection register following her conviction. They were eventually removed from the register, and placed in the care of her parents. She confirmed that her children had never moved back in with her.

Anna engaged with TWC voluntarily following her release from prison, through recommendation from another organisation.

Barbara

Barbara was in her mid-fifties and described her ethnicity as white British. She described a difficult childhood. Her mother had died when she was young, and she had lived with various family members as a result. She had left school with no qualifications, and that prior to her imprisonment she was unemployed and had experienced violent relationships with men.

Barbara's only child had died a few years ago, at the time of interview, and as a result of this she had developed a significant issue with alcohol abuse. Her alcohol consumption was directly related to her experience of depression, anxiety and suicidal feelings resulting from this event, and had led to her offences and subsequent imprisonment. Barbara had been to prison twice for the same offence. Her first prison sentence was served in 2015 (for seven weeks), and her second in 2016 (for five weeks). At the time of interview, Barbara attended TWC voluntarily. Initially she was mandatorily required to attend for probation appointments.

Gemma

Gemma was in her early-fifties and described her ethnicity as white British. She had been sexually assaulted as a child in the family home, and had a long history of addiction to heroin and methadone. She had been homeless for a period spanning seven years, and had a long history of problems with her mental health (primarily depression). She had been housed on a psychiatric ward for attempting suicide in the past.

Her use of heroin had resulted in numerous criminal convictions, and as a consequence the loss of her children. Gemma had been sentenced to imprisonment on two occasions, and had been remanded to prison many times. She had also been fined on numerous occasions. Her most recent prison sentence was served in 2011, for eight weeks.

It had taken Gemma many years to stop using illegal substances; her eventual desistance was the result of support received from a variety of

services. A key factor in being able to recover for Gemma was having people that cared about her and accepted her for who she was. As a result of her desistance from drug use, and crime, she was slowly regaining contact with her children. As well as supporting the work of TWC, she was engaged in work supporting those with similar experiences.

Kate

Kate was in her early-fifties and stated that her ethnicity was white British. She had a long history of mental health problems, which she traced to her childhood. She described herself as an anxious person, who had quickly found alcohol as a means to address this. These difficulties had impacted on her ability to work, and she had lost a job due to various periods of sickness caused by alcohol consumption. Kate had sought medical help for her mental health problems, and had been prescribed medication for depression.

She was remanded to prison for three weeks in 2014 for breaching the conditions of her bail conditions. Prior to her remand Kate had committed other offences which were related to her consumption of alcohol.

After her release from prison she relapsed and started to use alcohol again, as a consequence of this she got into trouble with the law. She was sentenced to a six-month supervision order, and was ordered to attend the probation services operating within TWC. She had remained a client of TWC following the completion of her order as it enabled her to be “an independent woman”. Kate was still on anti-depressants at the time of interview, but was now living in suitable supported accommodation.

Kelly

Kelly was in her mid-twenties and described her ethnicity as white British. She had experienced a difficult upbringing and had been placed in care at a very young age. She had left school with reasonably good grades, despite having a learning disability which had impacted on her progress. Kelly had

gone to college to pursue a career in the army, however this was thwarted due to an issue with her health.

Prior to her imprisonment she had been addicted to cocaine and alcohol, which had been a means of coping with depression and anxiety caused by her turbulent childhood. She had been unemployed for many months prior to her imprisonment, and was living in a range of different hostels. This, in addition to her substance misuse, was the cause of her offences. Kelly was sent to prison for two criminal offences. She received a two-year sentence in 2011, and was released in 2012 after serving ten months across two prisons. She had no other convictions.

On release from prison she was quickly returned to the same circumstances that had led to her imprisonment. She had a baby and experienced domestic violence from the baby's father. She voluntarily gave up custody of her child following a suicide attempt.

Kelly had received support from TWC post-release, particularly in terms of courses and mentoring to assist her with coping with her experiences of domestic violence, and in terms of support with gaining access to mental health support services. She actively engaged with various TWC programmes.

Laura

Laura was in her early-forties and described her ethnic origin as West Indian. She had been raised by her grandparents in a strict disciplinary environment that incorporated frequent physical chastisement. She had experienced inappropriate sexual advances from a male relative as a child. She identified that a series of abuses had left her deeply unhappy and that this resulted in a suicide attempt. Laura first attempted suicide by taking an overdose. She had vomited during this attempt, which initiated what was to become a long history of problems with an eating disorder. Following a further suicide attempt she had begun self-harming (cutting). This also became a method of coping with her mental health problems (depression). She had also used drugs as a means of managing these difficulties.

Laura served six months in prison in 2015, following an offence which was driven by financial need. After her release she had been able to gain employment through an organisation present at TWC. She considered the range and availability of such organisations as the most positive feature of TWC.

Margaret

Margaret was in her late-forties and described her ethnicity as white British. She had four children; three had been adopted, one had been taken in by her mother many years ago.

Margaret had experienced a series of traumatic events in childhood, which included sexual abuse and witnessing her father's violence towards her mother. She had been placed in care as a child, and had run away numerous times. She had no qualifications.

Margaret had problems with substance misuse (cocaine, heroin and methadone). Some of her criminal convictions were to provide funds for her addiction to these substances. Her use of drugs was a direct result of witnessing the abuse of her mother by her father, and thus as a means of numbing unwanted thoughts and feelings. Her self-harm, in addition to drug use, had become a mechanism of coping with her mental health problems. The extent of her difficulties with self-harm were evident the first time we met.

In 2007 she was sentenced to three and a half years imprisonment. She was recalled to prison following a breach of her licence conditions, and thus served the entirety of this sentence. This was not her only criminal offence.

On release from prison she was initially housed in a female approved residential unit for women involved in the criminal justice system. Following this she had experienced various evictions from rented properties, which had significantly impacted on her mental health. Margaret considered that having somewhere stable to live was the most important factor in terms of coping with her mental health problems. When I last saw Margaret she was in the process of securing a property, following a recent eviction, which had taken place

shortly before I interviewed her. Following a further criminal offence, she had been mandatorily required to attend TWC to attend probation appointments.

Marie

Marie was in her late-forties and described her ethnicity as white British. At the time of interview, she was in an abusive relationship, and had been for many years. She had no children.

Marie had experienced mental health problems for many years, and had significant issues with alcohol misuse. She and her partner both drank alcohol excessively, and this was frequently the cause of her criminal offences. Marie had little contact with her family, with the exception of one of her parents. She attributed this to her difficulties with alcohol and her mental health problems. She had been placed on a psychiatric ward, in the past, for a suicide attempt.

Marie had been remanded to prison in 2002 for eight weeks, and in 2008 for three weeks. Regarding the alleged offence committed in 2008, the charges were eventually dropped. Further to this, in 2015, she was convicted of three offences for which she received a suspended five-month prison sentence. All of these offences were the result of excessive alcohol consumption. Following her most recent offence she was ordered to attend the probation services at TWC. Upon completing her order she had continued to attend TWC to access courses and socialise.

Norma

Norma was in her early-fifties and described her ethnicity as white British. She had been placed in care as a child and had experienced childhood sexual abuse. Norma had left school with no qualifications. She had committed numerous criminal offences from a young age; some of these offences had been committed to provide financial support to her mother. She

had been sentenced to imprisonment numerous times, and could not recall the precise number of times that this had occurred.

She had a long history of substance misuse, including heroin and alcohol, to cope with depression and anxiety. Norma had also been diagnosed with schizophrenia. Norma had one child, who she did not have a good relationship with; she attributed this to her drug use.

Her most recent prison sentence occurred in 2016; she served three weeks. Shortly before I interviewed her, Norma had committed a further criminal offence and had been given a suspended sentence. As a result, she was required to attend TWC for probation appointments.

Sally

Sally was in her late-forties and described her ethnicity as white British. Sally had left school with no qualifications, and was unemployed before going to prison. She experienced depression and had been reliant on alcohol for many years to numb negative feelings. She had taken over doses and had slashed her wrists in the past.

Sally served ten weeks in prison in 2016, and had also been to prison the prior year, both for the same offence. She felt that there was a link between her mental health problems and her convictions.

On release from prison it had taken numerous weeks for her benefits to be paid, and as such she had been reliant on financial support from her family. In terms of coping with her mental health problems, on release, she used alcohol, but was trying to reduce her reliance on it with the assistance of TWC. She was mandatorily required to attend TWC for probation appointments.

Toni

Toni was in her mid-thirties and described her ethnicity as white British. She had moved around a lot in her life due to being placed in care as a young child. She had completed her GCSEs and had NVQs related to her

current occupation. She had used alcohol excessively, and this was a consequence of her service in the navy, which had been the cause of difficulties with Post Traumatic Stress Disorder (PTSD). Prior to her imprisonment she had attempted suicide.

Toni served two years in prison across two prisons, from 2009. On release all her time was spent searching for a job. It had taken nearly six months to secure employment. At the time of interview, she had nowhere to live and was currently 'sofa surfing'; relying on various friends for accommodation. She was also completing community payback at TWC following a further criminal offence. Her only engagement with TWC was associated with her completion of this, and she had refused to engage with any other aspect of the centre. When asked about her future plans she said that she did not have any, beyond staying in her current job and eventually securing her own accommodation.

Victoria

Victoria was in her late-fifties and described her ethnicity as white British. She had left school at a young age, with no qualifications. Her childhood had been difficult. Her mother and father separated, and shortly after this her father had begun abusing her and the other children in the family home. Victoria left home at an early age and had her first child at the age of 16. At the time of interview, she had recently left an abusive relationship which had spanned many years. As a consequence of this abuse she had experienced depression. She had never used drugs and/or alcohol as a means of coping with these difficulties, and she had never sought medical help for these problems, which she attributed to her controlling partner.

Victoria served 12 months in prison in 2009, after taking sole responsibility for an offence that her partner had instigated. She described her imprisonment as a reprieve from her controlling and aggressive partner. On return to this situation, after her release from prison, Victoria had attempted suicide.

Victoria accessed TWC following a recommendation to do so from another organisation. She actively participated in, and recommended, the programmes offered by TWC.